ecipient Committee ampaign Statement overnment Code Sections 84200-84216.5)	Type or print in	ink.	Dale Stamp	RE CAL	CALIFORNIA 460		
	Statement covers period from 02/20/2000	Date of election if applicable: (Month, Day, Year)	១០ ១ <i>ប</i> ន	AN J. BI AL	For Official Use Only		
E INSTRUCTIONS ON REVERSE	through06/30/2000	11/07/2000	c	ITY CLE	RK TON		
Controlled Committee Office (Also Complete Part 4.) (Also Committee Ballot Measure Committee Primarily Formed St	ttees – Complete Parts 1, 2, 3, and 7. rity Formed Candidate/ eholder Committee complete Part 6.) ral Purpose Committee consored road Based	2. Type of Statemer Pre-election State Pre-election State Semi-annual State Termination State Additional informs	ment ement ment ain below)	Specia Supple	orly Statement of Odd-Year Report emental Pre-election nent - Attach Form 495		
. Committee Information	I.D. NUMBER 991831	Treasurer(s)					
COMMITTEE NAME	<u></u>	NAME OF TREASURER					
Nakanishi for Senate		Vona Copp MAILING ADDRESS					
STREET ADDRESS (NO P.O. BOX)		8958 Ivanpah Court	STATE	ZIP CODE	AREA CODE/PHONE		
2495 W. March Lane, Ste. 204		Elk Grove, CA 95624			916/686-1815		
CITY STATE ZIP CO		NAME OF ASSISTANT TREASU	RER, IF ANY				
Stockton, CA 95267	(209) 477-7221						
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	OX	MAILING ADDRESS					
P.O. Box 7095 CITY STATE ZIPC	ODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE		
Stockton, CA 95267							
OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDI	DECC				

FPPC Form 490 (8/99) For Technical Assistance: 916/322-5660 State of California

Officeholder or Candidate Controlle	ed Committee	5.	5. Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
Dr. Alan Nakanishi								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR ; District 5	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling office	holder, candida	ate, or state m	easure propon	ent, if any.	
1617 St. Marks Plaza, Suite D	Stockton, CA 95202		NAME OF OFFICEHOLDER, CAN Dr. Alan Nakanishi	DIDATE, OR PRO	PONENT			
Related Committees Not Included in this S not included in this consolidated statement that are con- formed to receive contributions or to make expenditures	rolled by you or which are primarily		OFFICE SOUGHT OR HELD			DISTRICT NO. II	FANY	
COMMITTEE NAME	I.D. NUMBER	6.	Primarily Formed (List names	of officeholder	s) or candidate(s)	
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT	
NAME OF TREASURER	TYES TNO						OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.C.			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE	
CITY STATE ZII	P CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE	
	Attach continuation	shee	ts if necessary		L			
Verification	Audoreominadio	, 0,,00	is in ricocoscary					
I have used all reasonable diligence in preparing is true and complete. I certify under penalty of pe	and reviewing this statement and triggery under the laws of the State of	o the of Cali	best of my knowledge the informia that the foregoing is t	nformation cor rue and correc	ntained here ct.	in and in the a	ittached schedule	
Executed on 10/2/00	Ву	20	SIGNATURE OF TREASURE	R OR ASSISTANT TI	REASURER			
Executed on 9/29/2000	By SIGNATURE OF COM	TROLL	ING OFFICEHOLDER, CANDIDATE, STAT	E MEASURE PROP	ONENT OR RESP	PONSIBLE OFFICER	OF SPONSOR	
Executed onDATE	Ву	SIGNA	ATURE OF CONTROLLING OFFICEHOLD	ER, CANDIDATE, ST	TATE MEASURE P	ROPONENT		
Executed on	Ву	SIGNA	ATURE OF CONTROLLING OFFICEHOLD	ER, CANDIDATE, ST	TATE MEASURE P	ROPONENT		

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SUM ... RY PAGE

Statement covers period CALIFORNIA **Summary Page** 460 **FORM** from 02/20/2000 through 06/30/2000 Page SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER Nakanishi for Senate 991831 Column A Column B* Column C Contributions Received **TOTAL PREVIOUS PERIOD** (ADD COLUMNS A + B) **TOTAL THIS PERIOD** (FROM ATTACHED SCHEDULES) (SEE NOTE BELOW) **TOTAL TO DATE** 310718.00 \$ 15225.00 1. Monetary Contributions Schedule A, Line 3 325943.00 2. Loans Received 51000.00 25000.00 76000.00 Schedule B. Line 7 3. SUBTOTAL CASH CONTRIBUTIONS 361718.00 **\$** 40225.00 401943.00 Add Lines 1 + 2 4. Non-monetary Contributions 173.29 0.00 173.29 Schedule C, Line 3 361891.29 40225.00 402116.29 Add Lines 3 + 4 5. TOTAL CONTRIBUTIONS RECEIVED **Expenditures Made** \$ 281628.69 **\$** 6. Payments Made 65064.12 **\$** 346692.81 Schedule E, Line 4 0.00 \$ ____ 7. Loans Made 0.00 Schedule H, Line 7 281628.69 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 65064.12 346692.81 Schedule F. Line 3 \$ <u>-18920.33</u> **\$** 39713.13 \$ 20792.80 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment Schedule C, Line 3 _____173.29 0.00 173.29 \$_____<u>262881_65</u>_\$____ 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 104777.25 \$ 367658.90 **Current Cash Statement** From previous Statement Summary Page, Column C. However, if 82814.13 12. Beginning Cash Balance Previous Summary Page, Line 16 this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), 361718.00 13. Cash Receipts Column A. Line 3 above and Accrued Expenses (Line 9). 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 281628.69 15. Cash Payments Column A, Line 8 above **Summary for Candidates in Both June** 162903.44 and November Elections If this is a termination statement, Line 16 must be zero. 1/1 through 6/30 7/1 to Date 20. Contributions \$ ___ 0..00 Received Cash Equivalents and Outstanding Debts \$_____0.00 21. Expenditures 96792.80

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SL	DULE ٿـ.	Α

Monetary Contributions Received to whole dollars.						from	02/20/2000	FORM 460		
SEE INSTRUC	TIONS ON REVERSE					through	06/30/2000	Page 4 of 77	اً	
NAME OF FILE	ER .							I.D. NUMBER	٦	
Nakanishi f	or Senate							991831	╛	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	1	RIBUTOR ODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUN RECEIVED PERIO	THIS	JMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)	_	
02/21/2000	Mr. William Kashiwagi P.O. Box 60219 Sacramento, CA 95860		IND COM OTH	Retired	\$100	.00	\$100.00			
02/21/2000	Arthur Nakashima 5045 E. Morada Lane Stockton, CA 95212		IND COM OTH	Retired	\$125	.00	\$425.00			
02/23/2000	Mr. Nat Brown 4207 Yacht Harbor Drive Stockton, CA 95204		IND COM OTH	Attorney Brown, Hall, and McKinley	\$500	.00	\$500.00		_	
02/23/2000	Mr. Jerry Fisher 24081 S. Austin Rd. Ripon, CA 95366		IND COM OTH	Retired	\$100	.00	\$100.00		_	
02/23/2000	KENNETH ROOS 23313 S. HIGHLAND AVENUE RIPON, CA 95366		IND COM OTH		\$100	.00	\$100.00		_	
				SUBTOTAL \$	92	5.00			Ī	
1. Amount	A Summary received this period - contributions of \$100 or more. all Schedule A subtotals.)			\$	30731	9.00	*Contribu	tor Codes		
2. Amount	received this period - unitemized contributions of les				339	9.00	IND Ind	ividual ecipient Committee		
	es 1 and 2. Enter here and on the Summary Page, 0	Columi	n A, Lin	e 1.) TOTAL \$	31071	8.00		FPPC Form 460 (8/99)	

For Technical Assistance: 916/322-5660

Monetary Contributions Received Schedule A (Continuation Sheet)

Type ✓ print in ink. Amounts may be rounded to whole dollars.

SCHEDUL. A (CONT.) CALIFORNIA 460

Statement covers period

06/30/2000 02/20/2000

through from

CUMULATIVE TO DATE OTHER (IF APPLICABLE) of 77 991831 D. NUMBER Page 5 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) \$100.00 \$150.00 \$100.00 \$500.00 \$100.00 \$150.00 AMOUNT RECEIVED THIS PERIOD 950.00 \$100.00 \$500.00 \$100.00 \$50.00 \$100.00 \$100.00 IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) SUBTOTAL Real Estate Appraiser Bambas & Willmette Self employed SELF EMPLOYED Pharmacist PHYSICIAN Physician ATTORNEY Farmer COM COM $\frac{M}{M}$ COM COM COM OTH OTH OTH OTH OTH OTH CONTRIBUTOR 2 S 일 <u>Q</u> CODE FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER 2027 Grand Canal Blvd., Suite 33 WALNUT CREEK, CA 94598 15372 S. Tracy Blvd. 95207 95207 95206 Ms. Eileen Yamamura 95209 8526 Solano Avenue Bruce R. Willmette SEE INSTRUCTIONS ON REVERSE 317 W. LODI AVE. 95240 Stockton, CA MR FRED BAKER Stockton, CA Stockton, CA Stockton, CA 909 WIGET LN ALLAN TOBIAS 5609 Pintail Carl Yamada Philip Ruhl LODI, CA Senate Nakanishi for NAME OF FILER 02/23/2000 02/23/2000 02/23/2000 02/23/2000 02/23/2000 02/24/2000 RECEIVED DATE

FPPC Form 460 (8/99) For Technical Assistance: 916/322-5660

> COM - Recipient Committee *Contributor Codes IND - Individual OTH -- Other

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDU A (CONT.)
Statement covers period

CALIFORNIA 460

				j	from	02/20/2000	1 Okin 5 0 0
SEE INSTRUC	CTIONS ON REVERSE				throug	gh <u>06/30/2000</u>	Page 6 of 77
							I.D. NUMBER
Nakanishi :	r Senate						991831
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUN RECEIVED PERIO	THIS	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
02/24/2000	George Kishida, Inc. 1725 Ackerman Drive Lodi, CA 95240	☐ IND ☐ COM ☐ OTH		\$100	.00	\$100.00	
02/24/2000	Dr. Wilson Heefner 7205 Parkwoods Drive Stockton, CA 95207		RETIRED	\$100	.00	\$100.00	
02/24/2000	DR. STAN UYEYAMA 1060 N. VENTURA RD OXNARD, CA 93030	☐ IND ☐ COM ☐ OTH	DENTIST SELF-EMPLOYED	\$200	.00	\$200.00	
02/24/2000	W.H. Williams 8000 N. Clements Rd. Linden, CA 95236	□ IND □ COM □ OTH	Information Requested	\$50	.00	\$150.00	
02/25/2000	Jane Belcher 3733 N. Merrimac Circle Stockton, CA 95219	□ IND □ COM □ OTH	Homemaker	\$100.	.00	\$100.00	
02/25/2000	R. Scott Foster 36 W. Yokuts Ave., Ste. 1 Stockton, CA 95207	IND COM OTH	Physician Self-Employed	\$100.	.00	\$100.00	
			SUBTOTAL \$	650			

*Contributor Codes IND -- Individual COM -- Recipient Committee

Schedule A (Continuation Sheet)

Type or print in ink.

SCHEDUL_ A (CONT.)

Monetary Contributions Received				nts may be rounded o whole dollars.	Stater from _	02/20/2000	FORM 460		
SEE INSTRUC	CTIONS ON REVERSE	<u>.</u> ;				through	06/30/2000	Page 7	of_77_
NAME OF FIL	ER							I.D. NUMBER	₹
Nakanishi f	for Senate							99183	31
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	CONTRIBUTOR CODE*		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOU RECEIVE PERI	THIS	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DOTHER (IF APPLICABL	
02/25/2000	MARILYN HAMBLEY 20044 GREENVIEW DRIVE WOODBRIDGE, CA 95258		IND COM OTH	RETIRED	\$20	0.00	\$200.00		
02/25/2000	Arthur Nakashima 5045 E. Morada Lane Stockton, CA 95212		IND COM OTH	Retired	\$12	5.00	\$425.00		
02/25/2000	MR. NORMAN REITZ 22693 HESPERIAN BLVD., SUITE 276 HAYWARD, CA 94541		IND COM OTH	ATTORNEY SELF-EMPLOYED	\$15	0.00	\$150.00		
02/25/2000	DR. HARBHAJAN SHERGHILL 5345 N. EL DORADO STE #3 STOCKTON, CA 95207		IND COM OTH	PHYSICIAN SELF-EMPLOYED	\$10	0.00	\$100.00		
02/25/2000	MR Frank Watase 2949 W. 226Th Street Torrence, CA 90505		IND COM OTH	Information Requested	\$9	9.00	\$199.00		
02/27/2000	ROBERT HALL 6640 HAWTHORN RD SACRAMENTO, CA 95864		IND COM OTH	CIVIL ENGINEER SELF	\$50	0.00	\$500.00		

SUBTOTAL \$

1174.00

*Contributor Codes IND -- Individual COM - Recipient Committee OTH -- Other

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

Type or print in ink. Amounts may be rounded SCHEDUL_ A (CONT.)

Monetary	Monetary Contributions Received			nts may be rounded o whole dollars.		State	ement covers period 02/20/2000	CALIFORNIA FORM 460		
						110111	02/20/2000			
SEE INSTRUC	CTIONS ON REVERSE	:			İ	throug	gh <u>06/30/2000</u>	Page 8 of 77	_	
NAME OF FILE	ER							I.D. NUMBER	\neg	
Nakanishi f	or Senate							991831		
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	1	RIBUTOR DDE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AMO RECEIV		THIS	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATI OTHER (IF APPLICABLE)	HER	
02/27/2000	ROLLAND LOWE 723 IRONBARK ORINDA, CA 94563		IND COM OTH	PHYSICIAN	\$100	.00	\$100.00			
02/27/2000	CAROLYN SAKAI 3560 WILMINGTON WAY STOCKTON, CA 95219		IND COM OTH	RETIRED .	\$100	.00	\$100.00			
02/28/2000	A. Sambado & Son, Inc. 8077 N. Tully Road Linden, CA 95236		IND COM OTH		\$100	.00	\$600.00			
02/28/2000	ELDON COTTON 221 21ST PLACE SANTA MONICA, CA 90402		IND COM OTH	CONSULTANT SELF-EMPLOYED	\$100	.00	\$100.00			
02/28/2000	Charter Way Laundromat 314 East Charter Way Stockton, CA 95206		IND COM OTH		\$1,000	.00	\$1,000.00		_	
02/28/2000	Dr. Gilbert W. Cleasby 1400 Geary Blvd. San Francisco, CA 94109		IND COM OTH	Physician Self-Employed	\$2,000	.00	\$2,000.00			
				SUBTOTAL \$	340	0.00			Ī	

*Contributor Codes IND - Individual COM - Recipient Committee OTH - Other

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

3400.00

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDUL... A (CONT.)

	Contributions Received	Am	ounts may be rounded to whole dollars.		Statement covers period from 02/20/2000	CALIFORNIA 460	
SEE INSTRUC	CTIONS ON REVERSE	÷			through <u>06/30/2000</u>	_ Page 9 of 77	
NAME OF FILE	ER					I.D. NUMBER	
Nakanishi f	or Senate					991831	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	CONTRIBUTO CODE*	R IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED T PERIOD	THIS CALENDAR YEAR	CUMULATIVE TO DATE OTHER (IF APPLICABLE)	
02/28/2000	JERRY FRY 12495 N. WEST LANE LODI, CA 95240	IND COL	SELF	\$250.	00 \$250.00		
02/28/2000	MILON JOHNSTON 260 36TH WAY SACRAMENTO, CA 95819	☐ IND☐ COI	И	\$100.	00 \$100.00		
02/28/2000	DR. CHEN FEEL LIEM 5371 TUDOR ROSE GLEN STOCKTON, CA 95212		и	\$100.	00 \$100.00		
02/28/2000	Matt Fong U.S. Senate Committee International Tower 888 S. Figueroa Street Los Angeles, CA 90017	☐ IND	и	\$1,000.	00 \$1,000.00		
02/28/2000	SNIDER EXECUTIVE OFFICE 5051 MADISON AVE SACRAMENTO, CA 95841	IND COL	и	\$250.	00 \$250.00		
02/28/2000	John P. Talbot 800 Maplewood Dr. Lodi, CA 95240	IND COL	M Self-Employed	\$50.	00 \$1,650.00		
=	<u> </u>	-	SUBTOTAL S	1750	0.0		

*Contributor Codes IND - Individual COM -- Recipient Committee OTH -- Other

Schedule A (Continuation Sheet)

Type or print in ink.

SCHEDUL_ A (CONT.)

Monetary	Contributions Received			ats may be rounded whole dollars.		State from	ement covers period	FORM 460		
SEE INSTRUC	TIONS ON REVERSE	:				throug	gh <u>06/30/2000</u>	Page 10 of 77	_	
NAME OF FILE	R							I.D. NUMBER		
Nakanishi f	or Senate							991831		
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	į	RIBUTOR DDE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOU! RECEIVED PERIO	THIS	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)	:	
02/28/2000	YOSHIO YAMADA		IND	FARMER	\$500	.00	\$600.00	·		
	15406 TRACY BOULEVARD		COM OTH	SELF-EMPLOYED						
	TRACY, CA 95376	וצו	0111			ĺ				
02/29/2000	ROLAND HATTERLE		IND	BRANCH MANAGER	\$150	.00	\$150.00			
	J2240 W. TURNER RD		СОМ	FARMER BROTHERS						
	LODI, CA 95242	x	ОТН							
02/29/2000	James G. Heather	- X	IND	СРА	\$100	.00	\$350.00			
	10095 Creek Trail Circle		СОМ							
	Stockton, CA 95209		ОТН							
02/29/2000	DR CRASHI MITOMA	x	IND	RETIRED	\$100	.00	\$100.00			
	1207 41ST STREET		СОМ							
	SACRAMENTO, CA 95822		ОТН							
02/29/2000	HARRY SMITH		IND	RETIRED	\$100	.00	\$100.00			
	P.O. BOX 580		СОМ							
	PINE GROVE, CA 95665	X	ОТН							
02/29/2000	CHARLES SUNN		IND	RETIRED	\$100	.00	\$100.00			
	2652 PALO VISTA WAY		СОМ			ĺ				
	RANCHO CORDOVA, CA 95670		ОТН							

SUBTOTAL \$

1050.00

*Contributor Codes IND - Individual COM - Recipient Committee OTH -- Other

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDUL A (CONT.)
Statement covers period

CALIFORNIA
460

					02/20/2000	
SEE INSTRUC	CTIONS ON REVERSE	;			through <u>06/30/2000</u>	Page 11 of 77
NAME OF FIL	ER		V	. .		I.D. NUMBER
Nakanishi f	or Senate					991831
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED TO PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
03/01/2000	Louis Barber 222 E. Acacia Stockton, CA 95202	☐ COM		\$200.0	\$200.00	
03/01/2000	JAMES DOBBINS 650 BAYVIEW DR. RIO DEL MAR, CA 95003	☐ IND☐ COM☐ OTH		\$250.0	0 \$250.00	
03/01/2000	JOSEPH FURUKAWA 3424 CARSON STREET, SUITE 570 TORRANCE, CA 90503	☐ IND ☐ COM ☑ OTH	SELF-EMPLOYED	\$100.0	\$100.00	
03/01/2000	MICHAEL KHOURY 1537 GRIFFIN POINT STOCKTON, CA 95207	☐ IND ☐ COM ☑ OTH	l e	\$200.0	0 \$200.00	
03/01/2000	Jane Klein 11 Atherton Island Stockton, CA 95204	IND COM		\$250.0	0 \$250.00	
03/01/2000	NADA VICIJAN 3423 POCK LANE STOCKTON, CA 95205	☐ IND ☐ COM ☑ OTH	PHARMACIST	\$100.0	0 \$100.00	

SUBTOTAL \$

1100.00

*Contributor Codes
IND -- Individual
COM -- Recipient Committee
OTH -- Other

Type or print in ink. Amounts may be rounded

		SCHEDU∟_ A (CONT.)
Staten	ent covers period	CALIFORNIA 460
from _	02/20/2000	FORM 400

monetary contributions received			to	o whole dollars.	from _	02/20/2000	FORM 400		
SEE INSTRUCTIONS	ON REVERSE	:			1	through	h <u>06/30/2000</u>	Page 12	of_77
NAME OF FILER			,					I.D. NUMBER	
Nakanishi for Sena	nate							99183	31
DATE FULI RECEIVED	L NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER		RIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUI RECEIVED PERIC	THIS	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		VE TO DATE HER LICABLE)
816 W	Chris Keszler 7. Lodi Avenue . CA 95240		IND COM OTH	Dentist Self-Employed	\$1,000	.00	\$1,000.00		
	USSI 00 SOUTH CAL-PACK ROAD CTON, CA 95206		IND COM OTH	FARMER SELF-EMPLOYED	\$50	.00	\$150.00		
1135	Jim Murdaca Rivergate Drive CA 95240		IND COM OTH	Owner of Pietro's Restaurant Self-employed	\$2,000	.00	\$2,000.00		
1165	IS SCHUMACHER GREEN OAKS WAY CA 95240		IND COM OTH	HOMEMAKER	\$100	.00	\$100.00		
1008	te Republican Leadership Fund (#980879) Tenth Street, #389 mmento, CA 95814		IND COM OTH		\$65,000	.00	\$130,050.00		
989 0	EN GOLDBERG DXFORD WAY STON, CA 1353		IND COM OTH		\$100	.00	\$100.00		
				SUBTOTAL S	6825	0.00			

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH Other

Type or print in ink. Amounts may be rounded SCHEDUL_ A (CONT.)

	Contributions Received		nts may be rounded o whole dollars.		Stateme	CALIFORNIA 460	
					from	02/20/2000	
SEE INSTRUC	CTIONS ON REVERSE	•			through	06/30/2000	Page 13 of 77
NAME OF FIL	ER						I.D. NUMBER
Nakanishi f	or Senate						991831
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUN RECEIVED PERIO	THIS	JMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
03/05/2000	Senate Republican Leadership Fund (#980879) 1008 Tenth Street, #389 Sacramento, CA 95814	☐ IND ☑ COM ☐ OTH		\$65,000.	00	\$130,050.00	
03/06/2000	CWR Industries P.O. Box 2696 Lodi, CA 95241	☐ IND ☐ COM ☑ OTH		\$400.	00	\$400.00	
03/06/2000	LODI LUXURY AUTO SALES 730 S. CHEROKEE LANE LODI, CA 95240	☐ IND ☐ COM		\$500.	00	\$500.00	
03/06/2000	MR WILBUR SMITH 7520 PACIFIC AVENUE STOCKTON, CA 95207	☐ IND ☐ COM ☑ OTH		\$100.	00	\$100.00	
03/06/2000	Western World Properties P.O. Box 4437 Stockton, CA 95204	☐ IND☐ COM☐ OTH		\$100.	00	\$600.00	
03/09/2000	Albert Brocchini Farms 27011 South Austin Road Ripon, CA 95366	☐ IND ☐ COM ☑ OTH		\$500.	00	\$500.00	
			SUBTOTAL \$	66600	. 00		

*Contributor Codes IND - Individual COM - Recipient Committee OTH -- Other

Type or print in ink.

Amounts may be rounded

to whole dollars

	SCHEDU∟_ A (CONT.)
Statement covers period	CALIFORNIA 400

			to whole dollars.				02/20/2000	FORM 400
CEE INICTOLIC	CTIONS ON REVERSE					through	06/30/2000	Page 14 of 77
NAME OF FILE		:	 -					I.D. NUMBER
Nakanishi f								991831
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	1	RIBUTOR ODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED T PERIOD	HIS	UMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
03/09/2000	BILL UYEYAMA 442 C STREET LEMOORE,, CA 93245		IND COM OTH	DENTIST SELF EMPLOYED	\$200.	00	\$200.00	
03/10/2000	ZEITER EYE OPHTHALMOLOGY 255 E. WEBER AVENUE STOCKTON, CA 95202		IND COM OTH		\$1,500.	00	\$1,500.00	
03/16/2000	JAMES MYNARD 2701 HUNTINGTON ROAD SACRAMENTO, CA 95864		IND COM OTH	PHYSICIAN	\$200.	00	\$200.00	
03/18/2000	MR. R.S. KAGEHIRO 1900 W. LOWELL AVENUE TRACY, CA 96376		IND COM OTH	PHYSICIAN SELF-EMPLOYED	\$300.	00	\$300.00	
03/21/2000	JENNIFER COOPER 2310 MONUMENT DRIVE LODI, CA 95242		IND COM OTH	HOMEMAKER	\$1,500.	00	\$1,500.00	
03/23/2000	GENERAL MILLS MINNEAPOLIS, MN		IND COM OTH		\$500.	00	\$500.00	
				SUBTOTAL S	4200	00		

*Contributor Codes
IND -- Individual
COM -- Recipient Committee
OTH -- Other

Type or print in ink.

Amounts may be rounded to whole dollars

SCHEDUL_ A (CONT.)

Statement covers period CALIFORNIA 460

Wionetary	onetary contributions received			whole dollars.		from _	02/20/2000	FORM	400
SEE INSTRUC	CTIONS ON REVERSE	;				through	06/30/2000	Page 15	of_77_
NAME OF FILE	ER							I.D. NUMBER	₹
Nakanishi f	or Senate							99183	31
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER		IBUTOR DE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUN RECEIVED PERIOI	THIS	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		'E TO DATE HER LICABLE)
04/03/2000	Joyce Amundson 8200 Short Road Sacramento, CA 95828		IND COM OTH	Homemaker	\$100.	.00	\$100.00		
04/04/2000	SELDON BRUSA 2461 CENTRAL PARK DR. LODI, CA 95242	C	IND COM OTH	PHYSICIAN	\$250.	.00	\$250.00		
04/16/2000	1371 BUILDING 1701 EDGEWOOD DRIVE LODI, CA 95240		IND COM OTH		\$500.	.00	\$500.00		
04/19/2000	MILON JOHNSTON 260 36TH WAY SACRAMENTO, CA 95819		IND COM OTH	SELF-EMPLOYED	\$250.	.00	\$250.00		
04/22/2000	DR. HAROLD BERKMAN 1034 W. MARIPOSA AVE. STOCKTON, CA 95204		IND COM OTH	PHYSICIAN	\$100.	.00	\$100.00		
04/27/2000	John P. Talbot 800 Maplewood Dr. Lodi, CA 95240		IND COM OTH	Financial Consultant Self-Employed	\$1,500.	.00	\$1,650.00		
				SUBTOTAL \$	2700	0.00		·	

*Contributor Codes

IND - Individual

COM - Recipient Committee

OTH - Other

Type or print in ink.

Amounts may be rounded
to whole dollars

SCHEDUL_ A (CONT.)

Monetary	Contributions Received	to whole dollars.				from	om02/20/2000	FORM 460	
	CTIONS ON REVERSE	·					through06/30/2000		Page 16 of 77
NAME OF FILE								I.D. NUMBER	
Nakanishi f	or Senate	CONTRIBUTOR IF AN INDIVIDUAL, ENTER A						99183	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	1	RIBUTOR DDE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUN RECEIVED PERIOI	THIS	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVI OTH (IF APPLI	ER
05/02/2000	Tokay Realty P.O.Box 1259 Woodbridge, CA 95258		IND COM OTH		\$250	.00	\$250.00		
05/03/2000	Western World Properties P.O. Box 4437 Stockton, CA 95204		IND COM OTH		\$500.	.00	\$600.00		
05/05/2000	LIMA RANCH 13436 N. THORNTON ROAD LODI, CA 95242		IND COM OTH		\$1,000.	00	\$1,000.00		
05/05/2000	R. THOMAS DEVELOPMENT, INC P.O. BOX 1598 LODI, CA 95241		IND COM OTH		\$250.	00	\$250.00		
05/11/2000	KEN OZAWA 1423 LOS PADRES WAY SACRAMENTO, CA 95831		IND COM OTH	PHYSICIAN KAISER PERMANENTE	\$100.	00	\$100.00		
05/12/2000	Gerald N. Bock, M.D., Inc. 1502 St. Marks Plaza, Suites 8&9 Stockton, CA 95207		IND COM OTH		\$150.	00	\$150.00		

SUBTOTAL \$

2250.00

*Contributor Codes
IND -- Individual
COM -- Recipient Committee
OTH -- Other

SCHEDUL_ A (CONT.) Schedule A (Continuation Sheet) Type or print in ink. CALIFORNIA 460 Amounts may be rounded Statement covers period **Monetary Contributions Received** to whole dollars. 02/20/2000 through 06/30/2000 Page 17 of 77 SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 991831 Nakanishi : IF AN INDIVIDUAL, ENTER AMOUNT **CUMULATIVE TO DATE CUMULATIVE TO DATE** CONTRIBUTOR DATE FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR RECEIVED THIS OCCUPATION AND EMPLOYER **CALENDAR YEAR** OTHER RECEIVED (IF COMMITTEE ALSO ENTER I.D. NUMBER CODE* (IF SELF-EMPLOYED, ENTER NAME PERIOD (IF APPLICABLE) (JAN. 1 - DEC. 31) \$200.00 05/18/2000 ALAN DE GRAAF \$200.00 IND 8901 E. FRENCH CAMP RDM COM OTH MANTECA, CA 95336 J MENESES AND SONS DAIRY \$100.00 \$100.00 05/18/2000 IND 15197 S. JACKTONE ROAD COM OTH \mathbf{x} MANTECA, CA 95336 MR. Roger Blain Retired \$100.00 \$100.00 05/19/2000 IND \Box 2993 Old Ranch Circle COM OTH Stockton, CA 95209 05/19/2000 R TOGNINALI FARMER \$100.00 \$100.00 \mathbf{x} IND 14500 EAST HIGHWAY 4 COM OTH STOCKTON, CA 95215 Teresi Trucking, Inc. \$200.00 \$700.00 05/19/2000 IND P.O. Box 1270 COM

x

OTH

IND

COM OTH

*Contributor Codes
IND -- Individual
COM -- Recipient Committee
OTH -- Other

Lodi, CA 95241

VANDEPOL DAIRY

ESCALON, CA 95320

18251 S. STEINEGUL ROAD

FPPC Form 460 (8/99) For Technical Assistance: 916/322-5660

\$100.00

\$100.00

05/19/2000

Schedule A (Continuation Sheet) Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDUL... A (CONT.)

Statement covers period from 02/20/2000

through 06/30/2000 Page 18 of 77

SEE INSTRUC	CTIONS ON REVERSE			1	hrough <u>06/30/2000</u>	Page 18 of 77
NAME OF FILE	ER					I.D. NUMBER
Nakanishi	r Senate					991831
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED TH PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
05/20/2000	BURGESS SUPPLY, INC			\$100.0	\$100.00	
	11949 E. FRENCH CAMP RD	СОМ				
	MANTECA, CA 95336	☑ OTH				
05/22/2000	Erlene Price	x IND		\$200.0	\$200.00	
	21657 E. Doods Road	СОМ				
	Escalon, CA 95320	□ отн				
05/22/2000	WESTESTEYN DAIRY	☐ IND		\$200.0	\$200.00	
	1763 S. HEWITT RD.	СОМ				
	LINDEN, CA 9523-6	▼ OTH				<u> </u>
05/23/2000	A. Sambado & Son, Inc.	☐ IND		\$500.0	\$600.00	
	8077 N. Tully Road	СОМ				
	Linden, CA 95236	т отн				
05/23/2000	CEN-CAL SERVICES, INC.	☐ IND		\$100.0	\$100.00	
	5151 E. ALMONDWOOD DR	СОМ				
	MANTECA, CA 95337	X OTH				
05/23/2000	SANDRA CHIAPPE	X IND	HOMEMAKER	\$100.00	\$100.00	
	5419 SO. STANLEY ROAD	СОМ				i
	STOCKTON, CA 95215	□ отн				
		<u></u>	SUBTOTAL \$	1200.0	00	•

*Contributor Codes
IND -- Individual
COM -- Recipient Committee
OTH -- Other

Monetary Contributions Received Schedule A (Continuation Sheet)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDUL A (CONT.) CALIFORNIA 460 Statement covers period from 02/20/2000

Page 19 of 77

through 06/30/2000

I.D. NUMBER

Nakanishi f	for Senate					991831
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
05/23/2000	LOMBARDI BROTHERS 16998 E. GAWNE ROAD STOCKTON, CA 95215	IND COM		\$100.00	\$100.00	
05/23/2000	S. AND J. ENTERPRISES P.O. BOX 3537 YUBA CITY, CA 95992	IND COM		\$250.00	\$250.00	
05/23/2000	TUFF BOY LEASING 5151 E. ALMONDWOOD DRIVE MANTECA, CA 95337	IND COM		\$100.00	\$100.00	
05/24/2000	R.J.J. TURF FARMS 8285 E. VERITAS AVENUE MANTECA, CA 95337	IND COM		\$100.00	\$100.00	
05/25/2000	GILL ORCHARDS 11391 LARKIN RD LIVE OAK, CA 95953	IND COM		\$100.00	\$100.00	
05/26/2000	GEORGE FIELDS 21602 S. CARROLTON AVE RIPON, CA 95366	IND COM	Farmer	\$100.00	\$100.00	
			\$UBTOTAL \$	750.00		

COM - Recipient Committee *Contributor Codes IND - Individual OTH -- Other

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDUL A (CONT.)
Statement covers period	CALIFORNIA 460
	FORM 400

SEE INSTRUCTIONS ON REVERSE

through 06/30/2000 Page 20 of 77

I.D. NUMBER
991831

DATE FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR OCCUPATION AND EMPLOYER PROFESSION AND EMPLOYER CALENDARY YEAR OTHER OTHER CONTRIBUTOR OF THE CONTRIBUTOR

CODE							991831
2505 SHERIDAN WAY COM OTH			1	OCCUPATION AND EMPLOYER	RECEIVED THIS	CALENDAR YEAR	
31244 S. HIGHWAY 33 TRACY, CA 95376 05/31/2000 MACHADO, INC 247 NORTH JACK TONE ROAD STOCKTON, CA 95215 06/01/2000 Diamond Six Dairy 5816 S. Jack Tone Road Stockton, CA 06/01/2000 PHIPPEN BROS. 13909 LERGY AVE. RIPON, CA 95366 06/02/2000 ENRIQUE BACANI 4452 MALLARD CREET CIR. STOCKTON, CA 95207 IND COM RETIRED S200.00 \$200.00	05/30/2000	2505 SHERIDAN WAY	СОМ	AGRICULTURAL CONSULTANT	\$100.00	\$100.00	
247 NORTH JACK TONE ROAD	05/30/2000	31244 S. HIGHWAY 33	СОМ		\$100.00	\$100.00	
S816 S. Jack Tone Road	05/31/2000	247 NORTH JACK TONE ROAD	СОМ		\$200.00	\$200.00	
13909 LEROY AVE. RIPON, CA 95366 ENRIQUE BACANI 4452 MALLARD CREET CIR. STOCKTON, CA 95207 TIND COM X OTH RETIRED \$100.00 \$100.00 \$100.00	06/01/2000	5816 S. Jack Tone Road	СОМ	·	\$100.00	\$100.00	
4452 MALLARD CREET CIR. COM STOCKTON, CA 95207 OTH	06/01/2000	13909 LEROY AVE.	СОМ		\$200.00	\$200.00	
SUBTOTAL \$ 800.00	06/02/2000	4452 MALLARD CREET CIR.	СОМ	RETIRED	\$100.00	\$100.00	
				SUBTOTAL S	800.00		

*Contributor Codes
IND -- Individual
COM -- Recipient Committee
OTH -- Other

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDUL_ A (CONT.)
Statement covers period CALIFORNIA 460

,		t	whole dollars.		from 02/20/2000	FORM 400
					through 06/30/2000	Da
	CTIONS ON REVERSE	· · · · · · · · · · · · · · · · · · ·	 	l	1110dgii00/30/2000	Page 21 of 77
NAME OF FILE	ER					I.D. NUMBER
Nakanishi f	or Senate					991831
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED TH PERIOD	dis CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/02/2000	Doornenbal Dairy 19116 E. Lone Tree Road Escalon, CA 95320	☐ IND ☐ COM ☑ OTH		\$100.0	0 \$100.00	
06/02/2000	WASTE MANAGEMENT WEST AREA OFFICE 1500 SAN RAFAEL, CA 94903	☐ IND ☐ COM ☑ OTH		\$250.0	0 \$250.00	
06/04/2000	JAMES MYNARD 2701 HUNTINGTON ROAD SACRAMENTO, CA 95864		RETIRED	\$100.0	0 \$100.00	
06/05/2000	BONNIE HILLMAN 2225 BUCHANAN ROAD, SUITE G ANTIOCH, CA 94509	☐ IND ☐ COM ☑ OTH	DENTIST SELF EMPLOYED	\$100.0	0 \$100.00	
06/05/2000	ROGER KINGSTON 4661 NORTH LANE DEL MAR, CA 92014	IND COM	ORAL SURGEON	\$100.0	0 \$100.00	
06/05/2000	DOUGLAS REAVIE 13590 SUMMIT CIR POWAY, CA 92064	IND COM	PHYSICIAN	\$100.0	0 \$100.00	
	<u></u>		SUBTOTAL \$	750.	00	

*Contributor Codes
IND -- Individual
COM -- Recipient Committee
OTH -- Other

909 WIGET LN

R.C. Tangeman

WALNUT CREEK, CA 94598

111 Santa Rosa Avenue

SANTA ROSA, CA 95409

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDUL_ A (CONT.)

Statement covers period from 02/20/2000 CALIFORNIA FORM 460

\$100.00

SEE INSTRUC	CTIONS ON REVERSE	·		thro	ough06/30/2000	Page 22 of 77
NAME OF FIL	ER			· · · · · · · · · · · · · · · · · · ·		I.D. NUMBER
Nakanishi f	or Senate					991831
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/05/2000	Byron Riegel 2830 West Mail Street visalia, CA 93291	□ IND □ COM □ OTH	physician	\$250.00	\$250.00	
06/05/2000	ALLAN TOBIAS	□ IND	PHYSICIAN	\$100.00	\$150.00	

СОМ

OTH

IND

COM OTH DENTIST

\$100.00

 \mathbf{x}

 \mathbf{x}

06/05/2000	DR. DANIEL ULLYOT 1230 LA CUMBRE RD. HILLSBOROUGH, CA 94010	☐ INE	М	\$100.00	\$100.00	
06/06/2000	DEVRON CHAR 62 DIGBY STREET SAN FRANCISCO, CA 94131	INC CO OT	М	\$100.00	\$100.00	
06/06/2000	DELL OSSO FARMS 26 W. STEWART RD LATHROP, CA 95330	☐ INE ☐ CO ☑ OTI	и	\$100.00	\$100.00	
			SUBTOTAL \$	750.00		

*Contributor Codes
IND -- Individual
COM -- Recipient Committee
OTH -- Other

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

06/05/2000

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDUL A (CONT.)
Statement covers period	CALIFORNIA 4CO

Monetary	Contributions Reserved	' t	o whole dollars.	1	rom02/20/2000	FORM 40U
SEE INSTRUC	TIONS ON REVERSE				hrough <u>06/30/2000</u>	Page 23 of 77
NAME OF FILE		•				I.D. NUMBER
Nakanishi f						991831
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED TH PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/06/2000	GEORGE PERRY & SONS P.O. BOX 2588 MANTECA, CA 95336	☐ IND☐ COM☐ OTH		\$500.0	\$500.00	
06/06/2000	STEPHEN HANSEN P.O.BOX 1055 LODI, CA 95241	☑ IND ☐ COM ☐ OTH	PHYSICIAN	\$175.0	\$175.00	
06/06/2000	DOROTHY METTLER 17900 NO. CHERRY ROAD LODI, CA 95240	□ IND □ COM □ OTH	HOMEMAKER	\$175.0	\$175.00	
06/06/2000	PHYLLIS ROCHE 16293 N. TECKLENBURG RD LODI, CA 95240	☑ IND ☐ COM ☐ OTH	RETIRED	\$175.0	0 \$175.00	
06/06/2000	Thompson Ranch 7603 S. Jack Tone Road Stockton, CA 95215	☐ IND☐ COM☐ OTH		\$200.0	\$200.00	
06/06/2000	G.A WITHERS 2448 CORBIN LANE LODI, CA 95242		HOMEMAKER	\$100.0	\$100.00	
			SUBTOTAL S	1325.	20	

*Contributor Codes IND -- Individual COM -- Recipient Committee OTH -- Other

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDUL_ A (CONT.)

Statement covers period	CALIFORNIA 460
from <u>02/20/2000</u>	FORM 400
through <u>06/30/2000</u>	Page 24 of 77
	I.D. NUMBER

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Nakanishi

991831 IF AN INDIVIDUAL, ENTER AMOUNT **CUMULATIVE TO DATE CUMULATIVE TO DATE** CONTRIBUTOR DATE **FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR** OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR OTHER RECEIVED (IF COMMITTEE ALSO ENTER I.D. NUMBER CODE* PERIOD (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (JAN. 1 - DEC. 31) (IF APPLICABLE) PHYSICIAN \$100.00 \$100.00 BRUCE WITMER 06/06/2000 x IND 12482 MOFFATT LANE COM OTH FRESNO, CA 93720 \$500.00 \$500.00 06/07/2000 Baffoni Properties IND 1175 Orangewood Drive COM OTH X Lodi, CA 95240 PHYSICIAN \$100.00 \$100.00 STEVE CHIAPPE 06/07/2000 IND \mathbf{x} 5419 S. STANLEY RD COM OTH STOCKTON, CA 95212 PHYSICIAN \$100.00 \$100.00 WALTER HOWEN 06/07/2000 \mathbf{x} IND 512 DAISY COM OTH LODI, CA 95240 Physician \$175.00 06/07/2000 Mark Hoff \$175.00 х IND 601 Willow Glen Drive COM OTH Lodi, CA 95240 06/07/2000 Newport Eye Center IND 1401 Avacado, Ste. 505 COM OTH Newport BEach, CA 92660 \mathbf{x}

SUBTOTAL \$

1225.00

*Contributor Codes IND -- Individual COM - Recipient Committee OTH - Other

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDUL_ A (CONT.)
Statement covers period CALIFORNIA 460

		j	from 02/20/2000	FORM TOO		
SEE INSTRUC	CTIONS ON REVERSE	ţ			through06/30/2000	Page _ 25 of _ 77
NAME OF FIL	ER	· · · · · · · · · · · · · · · · · · ·		l		I.D. NUMBER
Nakanishi f	or Senate					991831
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	CONTRIBUTO	R IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED TI PERIOD		CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/07/2000	Tiberio Reis 3754 S. Drais Avenue	□ CO	М	\$100.0	\$100.00	
	Stockton, CA 95215	ПО П	1			
06/07/2000	Robert Cabral Farms 14303 Carrolton Road Escalon, CA 95320	☐ IND	м	\$200.0	\$200.00	
06/07/2000	SNIDER EXECUTIVE OFFICE 5051 MADISON AVENUE SACRAMENTO, CA 95841	☐ IND	М	\$5,000.0	0 \$5,000.00	
06/07/2000	FRANK TAYLOR 1895 CALIFORNIA BLVD SAN MARINO, CA 91108	IND CO	И	\$100.0	0 \$100.00	
06/07/2000	JACOB TERNER 205 CHAUTAUQUA BLVD PACIFIC PALISADES, CA 90272	□ COI	и	\$100.0	\$100.00	
06/07/2000	MR Frank Watase 2949 W. 226Th Street Torrence, CA 90505	IND COL		\$100.0	0 \$199.00	
			SUBTOTAL	\$ 5600.	00	

*Contributor Codes
IND -- Individual
COM -- Recipient Committee
OTH -- Other

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDUL_ A (CONT.)

CALIFORNIA 460 Statement covers period from ____02/20/2000 through <u>06/30/2000</u> Page 26 of 77 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

						I.D. ROMBER
Nakanishi	r Senate			-		991831
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DAT OTHER (IF APPLICABLE)
06/08/2000	Stewart Adams 816 Evert Court Lodi, CA 95242	□ IND □ COM □ OTH	Bud And Marie Alarms	\$175.00	\$175.00	
06/08/2000	JAMES DELAMETER 1100 BRODERICK STREET SAN FRANCISCO, CA 94115	☐ IND ☐ COM ☑ OTH	PHYSICIAN	\$100.00	\$100.00	
06/08/2000	GARDEN CENTER, INC. 1281 NORTH MAIN MANTECA, CA 95336	☐ IND ☐ COM ☑ OTH		\$100.00	\$100.00	
06/08/2000	JERRY HUGO 619 ATHERTON DR. LODI, CA 95242			\$175.00	\$175.00	
06/08/2000	Joe Da Silva Dairy 24666 Mariposa Road Escalon, CA 95320	☐ IND☐ COM☐ OTH		\$100.00	\$100.00	
06/08/2000	B. KATZAKIAN P.O. BOX 1778 LODI, CA 95241	IND COM	HOMEMAKER	\$200.00	\$200.00	
			V 0750	10		

*Contributor Codes IND -- Individual COM - Recipient Committee OTH -- Other

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDUL_ A (CONT.) CALIFORNIA FORM 460 Statement covers period from ____02/20/2000

	CTIONS ON REVERSE				throug	gh <u>06/30/2000</u>	Page 27 of 77
NAME OF FIL Nakanishi f							I.D. NUMBER
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	RIBUTOR ODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUN RECEIVED PERIO	THIS	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	991831 CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/08/2000	Irene Kludt 749 S. Crescent Avenue Lodi, CA 9524-2	IND COM OTH	Retired	\$100	.00	\$100.00	
06/08/2000	EJ LARSON 550 S NORTON AVE LOS ANGELES, CA 90020	IND COM OTH	EDUCATOR U.S.C.	\$100	.00	\$100.00	
06/08/2000	Arthur Nakashima 5045 E. Morada Lane Stockton, CA 95212	IND COM OTH	Retired	\$175	.00	\$425.00	
06/08/2000	SHASTA EYE ASSOCIATES, AMG 3190 CHURN CREEK ROAD REDDING, CA 96002	IND COM OTH		\$100	.00	\$100.00	
06/08/2000	STEPHENS CONSTRUCTION CO., INC. P.O.BOX 1867 LODI, CA 95241	IND COM OTH		\$1,000	.00	\$1,000.00	
06/08/2000	RICHARD TANAKA 8421 TERRACE DRIVE STOCKTON, CA 95212	IND COM OTH	FARMER	\$100	.00	\$100.00	
			SUBTOTAL \$	157	5.00		

*Contributor Codes IND - Individual COM -- Recipient Committee

OTH - Other

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDUL_ A (CONT.) Statement covers period **CALIFORNIA**

				"	om <u>02/20/2000</u>	
SEE INSTRUC	CTIONS ON REVERSE			tl	rough <u>06/30/2000</u>	Page 28 of 77
NAME OF FILE						I.D. NUMBER
Nakanishi f		T	IF AN INDIVIDUAL, ENTER	44000	0.0000 4700 70 0470	991831
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	CONTRIBUTOR CODE*	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THI PERIOD	S CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/09/2000	STEPHEN BRYDA	☐ IND	PHYSICIAN	\$100.00	\$100.00	
	2300 DUANE STREET, #6	СОМ				
	LOS ANGELES, CA 90039	√ OTH				
06/09/2000	CALIFORNIA CEDAR PRODUCTS CO.	□ IND			1	
	P.O. BOX 528	СОМ				
	STOCKTON, CA 95201	т отн				
06/09/2000	HARVEY LASHIER	☑ IND	PHYSICIAN	\$175.00	\$175.00	
	1726 WILLOW POINT CT	СОМ				
	LODI, CA 95242	ОТН				
06/09/2000	LES CALKINS -INDUSTRIAL PARK	☐ IND		\$500.00	\$500.00	
	19825 NORTH 99	СОМ				
	ACAMPO, CA 95220	Т ОТН				
06/09/2000	LODI GAS STORAGE	☐ IND		\$100.00	\$100.00	
	1822 W. KETTLEMAN LANE SUITE 3	СОМ				}
	LODI, CA 95242	х отн			·	
06/09/2000	CHARLES SUNN	x IND	 	\$100.00	\$100.00	
	2652 PALO VISTA WAY	СОМ				
	RANCHO CORDOVA, CA 95670	п отн				
			SUBTOTAL \$	1975.0	0	4.

*Contributor Codes IND -- Individual

COM -- Recipient Committee

OTH - Other

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDU⊾_ A (CONT.)

Stateme	nt covers period	CALIF	ORN	A 460
from	02/20/2000	FO	RM	-100
through	06/30/2000	Page_	29	of_77_
		LD NII	MDEC	5

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	CONTRIBUTO	R IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT	CUMULATIVE TO DATE	CUMULATIVE TO DATE
		CODE	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CALENDAR YEAR (JAN. 1 - DEC. 31)	OTHER (IF APPLICABLE)
06/09/2000	Mitsuo Sakai 406 Black Oak Way Lodi, CA 95242	☐ CO	м	\$350.00	\$350.00	
06/10/2000	Bradley L. Yee DDS Family Dentistry 7915 Laguna BLvd., Ste. 130 Elk Grove, CA 95758	☐ INC	и	\$200.00	\$200.00	
06/10/2000	ROBERT HARTZELL 9291 E. HARNEY LANE LODI, CA 95240	□ CO	M HARTZELL CONSULTING	\$175.00	\$175.00	
06/10/2000	NORMAN KING 2465 CENTRAL PARK LODI, CA 95242	☐ INE	и	\$100.00	\$100.00	
06/10/2000	MOKELUMNE VETERINARY HOSPITAL 318 E. KETTLEMAN LANE LODI, CA 95240	INE	М	\$175.00	\$175.00	
06/10/2000	John P. Talbot 800 Maplewood Dr. Lodi, CA 95240	INC CO □ OT	M Self-Employed	\$100.00	\$1,650.00	
			SUBTOTAL	\$ 1100.00		

*Contributor Codes IND -- Individual COM -- Recipient Committee OTH -- Other

SCHEDUL_ A (CONT.) Schedule A (Continuation Sheet) Type or print in ink. CALIFORNIA 460 Amounts may be rounded Statement covers period **Monetary Contributions Received** to whole dollars. from ____02/20/2000 through 06/30/2000 Page 30 of 77 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER 991831 Nakanishi for Senate IF AN INDIVIDUAL, ENTER AMOUNT **CUMULATIVE TO DATE CUMULATIVE TO DATE** CONTRIBUTOR FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR RECEIVED THIS CALENDAR YEAR OTHER OCCUPATION AND EMPLOYER RECEIVED (IF COMMITTEE ALSO ENTER I.D. NUMBER CODE* (IF SELF-EMPLOYED, ENTER NAME PERIOD (IF APPLICABLE) (JAN. 1 - DEC. 31) PHYSICIAN \$100.00 \$100.00 06/10/2000 S. WONG IND 9751 HILDRETH LANE COM \mathbf{x} OTH STOCKTON, CA 95212 06/11/2000 Thomas Btelejeski Physician \$150.00 \$150.00 \mathbf{x} IND 5526 E. Morada Lane COM OTH Stockton, CA 95212 06/11/2000 Charlyne E. Lauchland Self-Employed \$100.00 \$100.00 IND \mathbf{x} 15766 N. De Vries Road COM Farmer OTH Lodi, CA 95242 CAROLYN SAKAUYE 06/11/2000 PHYSICIAN \$100.00 \$100.00 IND 1360 E. HERNDON #301 COM \mathbf{x} OTH FRESNO, CA 93720 Physician \$500.00 \$500.00 06/11/2000 Titiana Spirtos \mathbf{x} IND 23801 Camino Hermoso COM OTH Los Altos Hills, CA 94022

Physician

SUBTOTAL \$

 \mathbf{x}

IND

COM OTH

*Contributor Codes
IND -- Individual
COM -- Recipient Committee
OTH -- Other

Pearl Armanini

6160 E. Oak Lane

Stockton, CA 95212

FPPC Form 460 (8/99) For Technical Assistance: 916/322-5660

\$100.00

\$100.00

1050.00

06/12/2000

Type or print in ink. Amounts may be rounded to whole dollars

SCHEDUL _ A (CONT.) CALIFORNIA 460 Statement covers period

to whole dollars.					from	02/20/2000	FORM	700	
	ATIONS ON DESIGNOS					throug	jh <u>06/30/2000</u>	D	
	CTIONS ON REVERSE	:				unoug	00/30/2000	Page 31	
NAME OF FILE								I.D. NUMBER	
Nakanishi f	or Senate	,						99183	1
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	OCCUPATION AND EMPLO		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS CALENDAR YEAR		CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIV OTH (IF APPL	ER
06/12/2000	DELMAR BATCH 11174 N. DAVIS ROAD LODI, CA 95242		IND COM OTH	FARMER SELF EMPLOYED	\$175	5.00	\$175.00		
06/12/2000	KEIJI FUJINAKA 2016 EAST ARMSTRONG ROAD LODI, CA 95242		IND COM OTH	VINARDIST SELF EMPLOYED	\$100	0.00	\$100.00		
06/12/2000	Mayko Horita 3728 Gleneagles Drive Stockton, CA 95219		IND COM OTH	Homemaker	\$100	0.00	\$100.00		
06/12/2000	PHILLIPS FARMS 4580 W. HIGHWAY 12 LODI, CA 95240		IND COM OTH		\$350	0.00	\$350.00		
06/12/2000	Ruth Radmore 3824 Hubbard Ave. Stockton, CA 95215		IND COM OTH	Retired	\$200	0.00	\$200.00		
06/12/2000	WELDON SCHUMACHER 801 S. HAM LANE, SUITE O LODI, CA 95242		IND COM OTH	PHYSICIAN	\$175	.00	\$175.00		
				SUBTOTAL \$	110	0.00			

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

1100.00

*Contributor Codes IND -- Individual COM - Recipient Committee OTH -- Other

Type ... print in ink. Amounts may be rounded SCHEDUL... A (CONT.)

Monetary	Monetary Contributions Received			nts may be rounded		State	ement covers period	CALIFORNIA 460	
•		' to whole dollars.					02/20/2000	FORM 400	
						through	nh 06/30/2000		
	CTIONS ON REVERSE	<u> </u>				uirou	gh <u>06/30/2000</u>	Page 32 of 77	
NAME OF FILE								I.D. NUMBER	
Nakanishi f	or Senate			LE AN INDIVIDUAL ENTED	AMOU	. 1	O ATD/5 TO 5 ATS	991831	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	CONTRIBUTOR CODE*		OCCUPATION AND EMPLOYER RECE		THIS	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)	
06/12/2000	TCI II, INC.		IND		\$1,000	.00	\$1,000.00		
	397 FOOTHILL ROAD		СОМ						
	GARDNERVILLE, NV 89410		ОТН						
06/13/2000	DELTA CHAPTER CALIFORNIA ASSOCIATION OF HEALTH FACILI	ri es	IND COM		\$250	0.00	\$250.00		
	STOCKTON, CA		отн						
06/13/2000	DANIEL FISHER	x	IND	PHYSICIAN	\$500	.00	\$500.00		
	2475 ROBB DR. APT 513		СОМ			İ			
	RENO, NV 89523		ОТН						
06/13/2000	MARGARET FRY	x	IND	FARMER	\$350	.00	\$350.00		
	12495 N. WEST LANE		COM						
	LODI, CA 95240		отн						
06/13/2000	WILLIAM GORHAM	x	IND	PHYSICIAN	\$100	.00	\$100.00		
	1807 W. LINCOLN		COM						
	STOCKTON, CA 95207		ОТН						
06/13/2000	FRANCIS RUDDLE		IND	PASTER	\$100	.00	\$100.00		
	1402 ARUNDEL COURT		СОМ						
	LODI, CA 95242		ОТН	RETIRED					
				SUBTOTAL \$	230	0.00			

*Contributor Codes IND -- Individual **COM -- Recipient Committee** OTH - Other

Type or print in ink.

Amounts may be rounded

to whole dollars.

SCHEDUL_ A (CONT.)
CALIFORNIA 460

Statement covers period

_		to whole dollars.				from	02/20/2000	FORIVI
					ļ	_		
SEE INSTRUC	TIONS ON REVERSE	;				through	06/30/2000	Page 33 of 77
NAME OF FILE	ER .							I.D. NUMBER
Nakanishi f	or Senate							991831
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	1	RIBUTOR ODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOU RECEIVED PERIO	THIS	JMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/13/2000	GERALDINE SCHOOK 906 KIRKWOOD DR LODI, CA 95424		IND COM OTH	HOMEMAKER	\$50	0.00	\$150.00	
06/13/2000	HARRY SHUMACHER 1165 GREEN OAKS WAY LODI, CA 95240	\square	IND COM OTH	BANK MANAGER	\$170	0.00	\$170.00	
06/13/2000	VIENNA CONVALESCENT HOSPITAL INC. 800 S. HAM LANE LODI, CA 95242		IND COM OTH		\$500	0.00	\$500.00	
06/14/2000	HARLEY MURRAY INC. 1754 E. MARIPOSA ROAD STOCKTON, CA 95205		IND COM OTH		\$1,000	0.00	\$1,000.00	
06/14/2000	Herum, Crabtree, Brown, Dyer et al 2291 W. March Lane, Ste. B-100 Stockton, CA 95207		IND COM OTH		\$250	0.00	\$250.00	
06/14/2000	Anna Kuniyoshi 3840 Simonson Road Le Grand, CA 95333		IND COM OTH	Farmer Self-Employed	\$200	0.00	\$200.00	
				SUBTOTAL \$	21	70.00		

*Contributor Codes
IND -- Individual
COM -- Recipient Committee
OTH -- Other

Type J. print in ink. Amounts may be rounded to whole dollars.

SCHEDUL . A (CONT.)

Monetary Contributions Received				nts may be rounded o whole dollars.			ment covers period	CALIFORNIA 460	
SEE INSTRUC	CTIONS ON REVERSE	:				throug	h <u>06/30/2000</u>	Page 34	of_77
NAME OF FILER								I.D. NUMBER	
Nakanishi f	or Senate							99183	1
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	CONTRIBUTOR CODE*		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOL RECEIVE PERI	D THIS	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO D. OTHER (IF APPLICABLE	
06/14/2000	R. MUSSI 10,000 SOUTH CAL-PACK ROAD STOCKTON, CA 95206		IND COM OTH	FARMER SELF-EMPLOYED	\$10	0.00	\$150.00		
06/14/2000	CAROL NAKASHIMA 1611 LAKESHORE DR LODI, CA 95242	□ IND □ COM □ OTH		PHYSICIAN	\$10	0.00	\$100.00		
06/14/2000	THELMA STEWART 1067 BRISTOL STOCKTON, CA 95204		IND COM OTH	HOMEMAKER	\$25	0.00	\$250.00		
06/14/2000	MARY TOMURA 4511 HERRON LAKES DRIVE STOCKTON, CA 95219		IND COM OTH	RETIRED	\$2	5.00	\$125.00		
06/14/2000	MARY TOMURA 4511 HERRON LAKES DRIVE STOCKTON, CA 95219		IND COM OTH	RETIRED	\$10	0.00	\$125.00		
06/14/2000	Teresi Trucking, Inc. P.O. Box 1270 Lodi, CA 95241		IND COM OTH		\$25	0.00	\$700.00		
	1			SUBTOTAL S	, e	25.00		•	

*Contributor Codes IND -- Individual COM - Recipient Committee OTH - Other

Type or print in ink. Amounts may be rounded SCHEDUL_ A (CONT.)

Monetary Contributions Received				nts may be rounded o whole dollars.			ement covers period 02/20/2000	FORM 460
SEE INSTRUC	CTIONS ON REVERSE	:				throug	gh <u>06/30/2000</u>	Page _ 35 of _ 77
NAME OF FIL	ER							I.D. NUMBER
Nakanishi f	or Senate				_			991831
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	1	RIBUTOR DDE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED T PERIOD		CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/14/2000	FRED WHITE 2986 MOCKINGBIRD LN. HEMET, CA 92544		IND COM OTH	PHYSICIAN	\$100.0	00	\$100.00	
06/15/2000	Allan Yung M.D., Inc. 103 N. Garfield Avenue, Ste. E Alhambra, CA 91801		IND COM OTH		\$100.0	00	\$100.00	
06/15/2000	Arbor Vineyards, Inc. 15362 N. Alpine Road Lodi, CA 95240		IND COM OTH		\$175.0	00	\$175.00	
06/15/2000	ROBERT BADER 755 S. FAIRMONT AVE., #C LODI, CA 95240		IND COM OTH	CHIROPRACTOR SELF-EMPLOYED	\$100.0	00	\$100.00	
06/15/2000	CHARLES CHATFIELD 1 WINEMASTER WAY LODI, CA 95240		IND COM OTH	FARMER	\$175.0	00	\$175.00	
06/15/2000	COLDANI REALTORS, INC. 1806 KETTLEMAN LN, SUITE J LODI, CA 95204		IND COM OTH		\$150.0	00	\$150.00	
				SUBTOTAL \$	900			

*Contributor Codes IND -- Individual COM -- Recipient Committee OTH -- Other

Type or print in ink.

Amounts may be rounded

to whole dollars.

SCHEDUL_A (CONT.)
Statement covers period CALIFORNIA

Monetary Contributions Received			to	whole dollars.		from _	02/20/2000	FORM 460	
	CTIONS ON REVERSE	;				through	06/30/2000	Page 36 of 77	
NAME OF FILE								I.D. NUMBER	
Nakanishi f	or Senate	1			·			991831	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	CONTRIBUTOR CODE*		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED T PERIOD	HIS	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATI OTHER (IF APPLICABLE)	
06/15/2000	BEVERLY FELTEN		IND	HOMEMAKER	\$175.	00	\$175.00		
	1001 W. PINE STREET		СОМ						
	LODI, CA 95240		ОТН						
06/15/2000	MASASHI ITANO	[X]	IND	PHYSICIAN	\$100.	00	\$100.00		
	29413 QUAILWOOD DR		COM		·				
	RANCHO PALOS VERDE, CA 90275		ОТН		= = =				
06/15/2000	ELIZABETH LAWSON		IND	HOMEMAKER	\$175.	00	\$175.00		
	1924 COLETTE		СОМ						
	LODI, CA 95242		отн						
06/15/2000	JAMES LOPES	\square	IND	FARMER	\$100.0	00	\$100.00		
	44960 LOPES CT.		СОМ						
	FREMONT, CA 94538		ОТН	SELF EMPLOYED					
06/15/2000	Thalia Rott	X	IND	Homemaker	\$175.0	00	\$175.00		
	22282 N. Clements Road		COM						
	Clements, CA 95227		ОТН				·		
06/15/2000	Nick Spanos, Jr.	x	IND	Pharmacist	\$175.0	00	\$175.00		
	306 Shady Acres Dr.		СОМ		1				
	Lodi, CA 95422		отн	Lodi Drug Co.					

SUBTOTAL \$

900.00

*Contributor Codes
IND -- Individual
COM -- Recipient Committee
OTH -- Other

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDUL A (CONT.)

Statement covers period rom 02/20/2000 CALIFORNIA FORM

					ļ		02/20/2000	
SEE INSTRUC	CTIONS ON REVERSE					thro	ugh <u>06/30/2000</u>	Page 37 of 77
NAME OF FIL	ER							I.D. NUMBER
Nakanishi f	for Senate							991831
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	1	RIBUTOR ODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOU! RECEIVED PERIO	THIS	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/15/2000	Stanton L. Lange Vineyard Management		IND		\$525	.00	\$525.00	
	20630 N. Devries Road		СОМ				,	
	Lodi, CA 95242		ОТН					
06/15/2000	Masu Yamaguchi	[x]	IND	Seamstress	\$100	.00	\$100.00	
	375 30th Street		COM	Self-Employed		ļ		
	San Francisco, CA 94121		ОТН	Sell-Employed				!
06/16/2000	ANDRE MINUTH	(x)	IND	PHYSICIAN	\$100	.00	\$100.00	
	8590 N. THIRD STREET		СОМ		İ			
	FRESNO, CA 93720		ОТН			İ		
06/16/2000	FLOYD WERGELAND		IND	PHYSICIAN	\$100	.00	\$100.00	
	3425 MALPAZO COURT		СОМ			}		
	BONITA, CA 91902		ОТН			ł		
06/17/2000	CHARLES JOHNSON	X	IND	PHYSICIAN	\$100	.00	\$100.00	
	645 W. HARDING WAY, SUITE 5		COM			1	·	
	STOCKTON, CA 95204		OTH					
06/17/2000	Mr Yo Kuniyoshi	x	IND	Farmer	\$250	.00	\$350.00	
	P.O. Box 181		СОМ			1		
	Atwater, CA 95301		OTH	Self Employed				

SUBTOTAL \$

1175.00

*Contributor Codes
IND -- Individual
COM -- Recipient Committee
OTH -- Other

Type or print in ink.

Amounts may be rounded
to whole dollars

CALIFORNIA 460

Statement covers period

monotary continuations recovers			to	whole dollars.	from	02/20/2000	FORM	400	
SEE INSTRUC	CTIONS ON REVERSE					throu	gh <u>06/30/2000</u>	Page 38 c	of 77
NAME OF FILE		· · · ·						I.D. NUMBER	
Nakanishi f								991831	
DATE RECEIVED	1 022 17 1112 1110 1120 1112 211 2 2 2 2 2 1 1 1 1		BUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD		CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE OTHER (IF APPLIC	R
06/19/2000	MASAKO AGARI 3933 FORT DONELSON DR. STOCKTON, CA 95219		IND COM OTH	RETIRED	\$250	.00	\$250.00		
06/19/2000	EDWARD GORRE 4607 7TH AVE. SACRAMENTO, CA 95820		IND COM OTH	RETIRED	\$250	.00	\$250.00		
06/19/2000	MARIAN HIGDON 724 WHITEHALL SACRAMENTO, CA 95864		IND COM OTH	RETIRED	\$250	.00	\$250.00		
06/19/2000	MILON JOHNSTON 260 36TH WAY SACRAMENTO, CA 95819		IND COM OTH	RETIRED	\$100	.00	\$100.00		
06/19/2000	CHEN LIEM 5371 TUDOR ROSE GLEN STOCKTON, CA 95212		IND COM OTH	PHYSICIAN	\$100	.00	\$100.00		
06/19/2000	SUE LINDLY 18881 S. LAMMERS RD TRACY, CA 95376	X	IND COM OTH	HOMEMAKER	\$100	.00	\$100.00		
				SUBTOTAL \$	105	0.00			

*Contributor Codes
IND -- Individual
COM -- Recipient Committee
OTH -- Other

Schedule A (Continuation Sheet)

Type or print in ink.

SCH	EDU	. A (CON	IT.)

Monetary Contributions Received			nts may be rounded o whole dollars.	fro	02/20/2000	FORM 460
	CTIONS ON REVERSE			th	rough <u>06/30/2000</u>	Page 39 of 77
NAME OF FIL	ER					I.D. NUMBER
Nakanishi 1					. ,	991831
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/19/2000	Valley Dental	☐ IND		\$100.00	\$100.00	
	245 West Dakota Avenue	СОМ				
	Clovis, CA 93612					
06/20/2000	Blincoe Manor Farm	☐ IND		\$100.00	\$100.00	
	14501 Wells Lane	СОМ				
	Stockton, CA 95240	т отн				
06/20/2000	A.R. GLOVER	x IND	PHYSICIAN	\$1,000.00	\$1,000.00	
	P.O. BOX 61	СОМ				
	TRACY, CA 95320	□ отн		•		
06/20/2000	ELIZABETH HOLDENER	X IND	HOMEMAKER	\$100.00	\$100.00	
	24383 MOUNTAIN HOUSE PARKWAY	СОМ				
	TRACY, CA 95376	ОТН				
06/20/2000	Samuel Markarian	X IND	Physician	\$100.00	\$100.00	
	4015 Paducah	СОМ	1			
	San Diego, CA 92117	ОТН				
06/20/2000	PEARL SANGUINETTI	☐ IND	RETIRED	\$100.00	\$100.00	
	1752 WYN WAY	СОМ		1		
	LODI,, CA 95240	X OTH				

SUBTOTAL \$

1500.00

*Contributor Codes IND -- Individual COM -- Recipient Committee OTH -- Other

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDUL_A (CONT.)
Statement covers period CALIFORNIA FORM 460

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from02/20/20	000	FO	RM		U
through <u>06/30/20</u>	000	Page_	40	_ of_	77
		I.D. NU	MBEF	₹	

Nakanishi f r Senate 991831 **CUMULATIVE TO DATE** IF AN INDIVIDUAL, ENTER AMOUNT **CUMULATIVE TO DATE** CONTRIBUTOR DATE FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR **RECEIVED THIS CALENDAR YEAR** OTHER OCCUPATION AND EMPLOYER RECEIVED (IF COMMITTEE ALSO ENTER I.D. NUMBER CODE* (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF APPLICABLE) \$50.00 \$150.00 06/20/2000 Carl Yamada Farmer \mathbf{x} IND 15372 S. Tracy Blvd. COM Self employed OTH Stockton, CA 95206 LEONARD DIAS \$100.00 \$100.00 06/21/2000 \mathbf{x} IND 6512 EMBARCADERO COM OTH STOCKTON, CA 95219 MARIE L. DIAS HOMEMAKER \$150.00 \$150.00 06/21/2000 IND 27601 FAIROAKS RD. COM OTH TRACY, CA 95376 06/21/2000 STANLY MORRI \$100.00 \$100.00 IND 8556 JULIE LYNNE CIR. COM \mathbf{x} OTH TRACY, CA 95376 06/21/2000 YOSHIO YAMADA FARMER \$100.00 \$600.00 IND 15406 TRACY BOULEVARD COM SELF-EMPLOYED \mathbf{x} OTH TRACY, CA 95376 HOMEMAKER \$100.00 \$100.00 06/21/2000 SHEILA YAMASAKI [x]IND 15999 W. TSIRELAS DRIVE COM OTH TRACY, CA 95376

\$

600

*Contributor Codes
IND -- Individual
COM -- Recipient Committee
OTH -- Other

Type or print in ink. Amounts may be rounded SCHEDUL_ A (CONT.) CALIFORNIA 460

Statement covers period

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						41		
	CTIONS ON REVERSE					tnrougn	06/30/2000	Page 41 of 77
NAME OF FIL								I.D. NUMBER
Nakanishi f	or Senate			•				991831
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER		RIBUTOR DDE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED T PERIOD	HIS	UMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/21/2000	Mabel Young 3625 St. Andrews Drive Stockton, CA 95219		IND COM OTH	RETIRED	\$1,000.	00	\$1,000.00	
06/22/2000	Beck Properties, Inc.							
06/22/2000	3114 West Hammer Lane		COM		\$5,000.	00	\$5,000.00	
	Stockton, CA 95209	x	ОТН					
06/23/2000	GREGG CULHANE		IND		\$500.	00	\$500.00	,
	P.O. BOX 2630 LODI, CA 95241		COM OTH	SELF EMPLOYED				
06/23/2000	H. LEE DEMPSEY	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	IND	RETIRED	\$500.	00	\$500.00	
	6343 EMBARCADERO DR.		COM	•				
	STOCKTON, CA 95219		ОТН					
06/23/2000	Harvey Hashimoto M.D., Respect Medical		IND		\$100.	00	\$100.00	
	801 S. Ham Lane, Ste. S		СОМ					
	Lodi, CA 95242	x	ОТН					
06/23/2000	KEEP IT SIMPLE ENGINEERING, INC		IND	ENGINEERING	\$500.	00	\$500.00	
	1144 JUNEWOOD CT		СОМ					
	LODI, CA 95242	X	ОТН					
				SUBTOTAL \$	7600	.00	·······	

*Contributor Codes IND -- Individual

COM - Recipient Committee

OTH -- Other

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

Type or print in ink. Amounts may be rounded

SCHEDUL . A (CONT.) Statement covers period CALIFORNIA

Wionetary	Continuations Received	E	to whole dollars.		from 02/20/2000	FORM 46U
CET INCTION	CTIONS ON REVERSE				through 06/30/2000	Page 42 of 77
NAME OF FIL						
Nakanishi f						I.D. NUMBER 991831
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	CONTRIBUTO	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)		
06/23/2000	RICHARD KENDALL 15999 W. TSIRELAS DR TRACY, CA 95376	IND COM	BUSINESS	\$100.0	\$100.00	
06/23/2000	MARTIN FARMS 12067 W. LAMMERS ROAD TRACY, CA 95376	☐ IND ☐ COM ☑ OTH	1	\$100.0	\$100.00	
06/23/2000	SAN JOAQUIN STEEL COMPANY, INC. P.O.BOX 8426 STOCKTON, CA 95208	☐ IND ☐ COM ☑ OTH		\$250.0	\$250.00	
06/23/2000	STOCKTON PEDIATRIC MEDICAL GROUP, INC. 530 WEST ACACIA, SUITE 7 STOCKTON, CA 95203	IND COM		\$250.0	\$250.00	
06/24/2000	JAMES MCLEOD 28998 S. CHRISMAN ROAD TRACY, CA 95376	IND COM		\$100.0	\$100.00	
06/24/2000	JOE TOSTE 2480 TOSTE ROAD TRACY, CA 95376	IND COM				
			SUBTOTAL	\$ 900	00	

*Contributor Codes IND -- Individual COM -- Recipient Committee OTH -- Other

FPPC Form 460 (8/99) For Technical Assistance: 916/322-5660

Type or print in ink. Amounts may be rounded

SCHEDUL_ A (CONT.) Statement covers period CALIFORNIA

monetary contributions received			' to	o whole dollars.		from _	02/20/2000	FORM	460
SEE INSTRUC	CTIONS ON REVERSE					through	06/30/2000	Page 43	of 77
NAME OF FILE	ER	···········						I.D. NUMBER	
Nakanishi f	or Senate								31
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER		IBUTOR DE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOYER RECEIVED		CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIV OTH (IF APPL	
06/24/2000	ROBERT VIOLANTE 1056 UNIVERSITY AVE PALO ALTO, CA 94301		IND COM OTH	MEDICAL EXECUTIVE	\$100	.00	\$100.00		
06/24/2000	YAG Enterprises, Inc. 1329 Elkhorn Dr. Stockton, CA 95209		IND COM OTH		\$100	.00	\$600.00		
06/24/2000	YAG Enterprises, Inc. 1329 Elkhorn Dr. Stockton, CA 95209		IND COM OTH		\$500	.00	\$600.00		
06/26/2000	BANK OF STOCKTON 301 E. MINER AVE. STOCKTON, CA 95202		IND COM OTH		\$2,500	.00	\$2,500.00		
06/26/2000	JOHN BUTORAC 3306 COVE CIR. STOCKTON, CA 95204		IND COM OTH	RETIRED	\$250	.00	\$250.00		
06/26/2000	EDNA MOORE 3839 MERRIMAC COURT STOCKTON, CA 95219		IND COM OTH	HOMEMAKER	\$100	.00	\$100.00		
		· · · · · · · · · · · · · · · · · · ·		SUBTOTAL \$	355	0.00			

*Contributor Codes IND - Individual COM -- Recipient Committee OTH - Other

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

Type ⊶ print in ink.

Amounts may be rounded to whole dollars.

SCHEDU__ A (CONT.)

Statement covers period from 02/20/2000 CALIFORNIA FORM 460

SEE INSTRUC	CTIONS ON REVERSE	;				throug	h <u>06/30/2000</u>	Page 44 of 77
NAME OF FILE	ER							I.D. NUMBER
Nakanishi f	or Senate							991831
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER		RIBUTOR DDE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUN RECEIVED PERIO	THIS	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/26/2000	WALTER REISS 204 GRAMACY PARK LODI, CA 95240		IND COM OTH	PHYSICIAN	\$100	.00	\$100.00	
06/27/2000	LINDA FRENCH 5743 PINTAIL COURT STOCKTON, CA 95207		IND COM OTH		\$100	.00	\$100.00	
06/27/2000	HAL ROBERTSON FARMS 27337 S. BANTA ROAD TRACY, CA 95376		IND COM OTH		\$100	.00	\$100.00	
06/27/2000	MABLE MOITOSO 2155 WEST SCHULTE RD TRACY, CA 95376		IND COM OTH		\$100	.00	\$100.00	
06/27/2000	O-G PACKING 2097 BEYER LANE STOCKTON, CA 95215		IND COM OTH		\$100	.00	\$100.00	
06/27/2000	Delaine Thomas 2724 W. Swin Road Stockton, CA 95207		IND COM OTH		\$200	.00	\$200.00	
	·			SUBTOTAL \$	70	0.00		

*Contributor Codes
IND -- Individual
COM -- Recipient Committee
OTH -- Other

Type or print in ink.

Amounts may be rounded to whole dollars

SCHEDUL_ A (CONT.)
Statement covers period CALIFORNIA 4CO

,			to	o whole dollars.	from _	02/20/2000	FORM	400	
SEE INSTRUC	CTIONS ON REVERSE	•				through	06/30/2000	Page 45	of_77_
NAME OF FIL	ER							I.D. NUMBER	
Nakanishi f	for Senate							99183	1
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	OCCUPATIO		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)			CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIV OTH (IF APPL	
06/28/2000	PAUL BOLT 6201 CROOKED STICK STOCKTON, CA 95219		IND COM OTH	BUSINESSMAN	\$1,000.0	00	\$1,000.00		
06/28/2000	CARL ELKINS P.O. BOX 322 VICTOR, CA 95253		IND COM OTH	FARMER	\$175.0	00	\$175.00		<u> </u>
06/28/2000	James G. Heather 10095 Creek Trail Circle Stockton, CA 95209		IND COM OTH	СРА	\$250.0	00	\$350.00		
06/28/2000	Hogan Mfg., Inc. P.O.Box 398 Escalon, CA 95320		IND COM OTH		\$1,000.0	00	\$1,000.00		
06/28/2000	Dr. Michael R. Panzer 6329 Embarcadero Dr. Stockton, CA 95209		IND COM OTH	Dentist Self-Employed	\$200.0	00	\$400.00		
06/28/2000	REED ROBBINS REALTOR 7233 PACIFIC AVENUE STOCKTON, CA 95207		IND COM OTH		\$250.0	0	\$250.00		
				SUBTOTAL 6					

*Contributor Codes
IND -- Individual
COM -- Recipient Committee
OTH -- Other

Schedule A (Continuation Sheet)

Type or print in ink.

SCHEDUL_ A (CONT.)

Monetary Contributions Received				nts may be rounded o whole dollars.	Staten	02/20/2000	CALIFORNI FORM	⁴ 460	
	CTIONS ON REVERSE	:			through	06/30/2000	Page 46		
NAME OF FILE								I.D. NUMBER	
Nakanishi f	or Senate							99183	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	1	RIBUTOR DDE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED T PERIOD		CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVI OTH (IF APPL	ER
06/28/2000	Anthony F. Souza 105 E. 10th Street, Ste. 100 Tracy, CA 95376		IND COM OTH	Information Requested	\$100.0	00	\$100.00		
06/29/2000	ACAMPO INVESTMENT CO. 19000 NORTH HIGHWAY 88 ACAMPO, CA 95237		IND COM OTH		\$175.	00	\$175.00		
06/29/2000	AMERICAN AUTO BODY, INC. 2347 MAGGIO CIRCLE LODI, CA 95240		IND COM OTH		\$175.	00	\$175.00		
06/29/2000	Mr. Peter Bregman 11701 E. Kettleman Ln. Lodi, CA 95240		IND COM OTH	Realtor Self-Employed	\$100.	00	\$350.00		
06/29/2000	George D. Chen 1900 E. Mettler Road Lodi, CA 95242	X	IND COM OTH	Physician Delta Eye Center	\$175.	00	\$175.00		
06/29/2000	FORD CONSTRUCTION COMPANY, INC. 639 E. LOCKEFORD STREET LODI, CA 95240		IND COM OTH		\$350.	00	\$350.00		
		'		SUBTOTAL \$	1075	00			

*Contributor Codes IND -- Individual COM -- Recipient Committee OTH -- Other

FPPC Form 460 (8/99) For Technical Assistance: 916/322-5660

Type or print in ink. Amounts may be rounded to whole dollars.

		SCHED	しここ	A (CONT.)
Stateme	nt covers period	CALIF	ORN	A 460
from	02/20/2000	_ FO	RM	700
through	06/30/2000	Page	47	of 77

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Nakanishi 1 or Senate							
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)	
06/29/2000	Friends of Jim Brulte (#962673) P.O. Box 241 Rancho Cucamonga, CA 01729	IND COM		\$100,000.00	\$100,000.00		
06/29/2000	MIKE GIKAS 14022 SOUTH AUSTIN ROAD MANTECA, CA 95336		FARMER	\$500.00	\$500.00		
06/29/2000	Mrs. Mary Kaehler 1025 E. Armstrong Road Lodi, CA 95240	□ IND □ COM □ OTH		\$100.00	\$100.00		
06/29/2000	LYNNETTA LUCE 3518 MICHIGAN AVE STOCKTON, CA 95204		HOMEMAKER	\$100.00	\$100.00		
06/29/2000	JAMES MARTINI 5013 JENNINGS ROAD MODESTO, CA 95358		FARMER	\$250.00	\$250.00		
06/29/2000	GERALDINE SCHOOK 906 KIRKWOOD DR LODI, CA 95424	IND COM	HOMEMAKER	\$100.00	\$150.00		
			SUBTOTAL	101050.00			

*Contributor Codes IND -- Individual COM - Recipient Committee OTH - Other

Schedule A (Continuation Sheet)

Type .. print in ink.

SCHEDUL. A (CONT.)

Monetary Contributions Received				nts may be rounded o whole dollars.		Statement covers period from 02/20/2000		FORM 460	
SEE INSTRUC	CTIONS ON REVERSE	:				through	06/30/2000	Page 48	of_77_
NAME OF FILE	ER							I.D. NUMBER	1
Nakanishi f	or Senate							99183	1
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER		RIBUTOR DDE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOU RECEIVED PERIO	THIS	UMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		E TO DATE IER ICABLE)
06/29/2000	MONTY ZORB 4238 YACHT HARBOR DRIVE STOCKTON, CA 95204		IND COM OTH	RETIRED	\$1,000	0.00	\$1,000.00		
06/30/2000	GARY BARTON 968 GEORGEANN PLACE RIPON, CA 95366		IND COM OTH	BUSINESSMAN	\$100	0.00	\$100.00		
06/30/2000	ANNETTE ELISSAGARAY 1505 E. VALPICO ROAD TRACY, CA 95376		IND COM OTH	HOMEMAKER	\$100.00		\$100.00		
06/30/2000	CLARENCE FORTIER 120 SO. ORANGE LODI, CA 95240	X	IND COM OTH	PHYSICIAN	PHYSICIAN \$250		\$250.00		
06/30/2000	LOUISE GALLI 17398 TRACY BLVD. TRACY, CA 95376		IND COM OTH	HOMEMAKER \$150.00		\$150.00			
06/30/2000	PHILIP MARTIN FARMS 12067 W. LAMMERS RD. TRACY, CA 95376		IND COM OTH		\$100	0.00	\$100.00		

SUBTOTAL \$

1700.00

*Contributor Codes IND - Individual COM -- Recipient Committee OTH -- Other

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDUL A (CONT.)

Monetary Contributions Received				whole dollars.		from	02/20/2000	FORM 460		
	CTIONS ON REVERSE	<u> </u>				through	06/30/2000	Page 49	of_77_	
NAME OF FILE								I.D. NUMBER		
Nakanishi f		T		IF AN INDIVIDUAL, ENTER		 r_		99183		
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	1	RIBUTOR ODE*	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUN RECEIVED PERIO	THIS	UMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE OTH (IF APPLI	ER	
06/30/2000	DENNIS SMALLIE 4146 PINEHURST CIR. STOCKTON, CA 95219		IND COM OTH	BUSINESSMAN	\$500	.00	\$500.00			
06/30/2000	PATRICK STOCKAR P.O. BOX 673 VICTOR, CA 95352		IND COM OTH	FARMER	\$100	.00	\$100.00			
06/30/2000	W.H. Williams 8000 N. Clements Rd. Linden, CA 95236		IND COM OTH	Information Requested	\$100	.00	\$150.00			
			IND COM OTH						, <u>,, ==</u>	
			IND COM OTH							
			IND COM OTH							

SUBTOTAL \$

700.00

*Contributor Codes
IND -- Individual
COM -- Recipient Committee
OTH -- Other

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

Schedule L - Part	
Loans Received	

Type or point in ink. Amounts may be rounded to whole dollars.

SCHEDL__ B - Part I Statement covers period CALIFORNIA FORM from 02/20/2000

						02/20/20			
SEE INSTRUC	CTIONS ON REVERSE	•			throug	h _06/30/20	000 Pa	ge 50 of 77	
NAME OF FILE	ER	i					I.D.	NUMBER	
Nakanishi f	or Senate							991831	
DATE	FULL NAME, MAILING ADDRESS AND ZIP CODE	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	LENDER	INFORMATIO	N	GUARANT	OR INFORMATION	
RECEIVED	OF LENDER OR GUARANTOR	CODE	OCCUPATION AND EMPLOYER IF SELF-EMPLOYED, ENTER	DUE DATE/	(a) TAUOMA	CUMULATIVE	THUOMA	CUMULATIVE	
	(IF COMMITTEE, ALSO ENTER I.D. NUMBER.		NAME OF BUSINESS	INTEREST RATE	CELOAN	TO DATE	GUARANTEE	TO DATE	
02/29/2000	Dr. Alan S. Nakanishi	☐ IND	Physician	Due Date	43000.00	Calendar Year		Calendar Year	
	1136 Junewood Ct.	🖳	Delta Eye Med. Group	[4				
	Lodi, CA 95240	□ сом	Deita Eye Med. Gloup	Interest Rate		51000.00			
	X Lender Guarantor	х отн		0.00		,		•	
					 				
06/30/2000	Dr. Alan S. Nakanishi	מאו 🔲	Physician	Due Date N/A	8000.00	Calendar Year		Calendar Year	
	1136 Junewood Ct.	СОМ	Delta Eye Med. Group	Interest Rate	-			}	
	Lodi, CA 95240		2220 270 0202	1		\$ 51000.00		s	
	X Lender Guarantor	х отн		0.00%	ļ				
				Due Date		Calendar Year		Calendar Year	
		םאו 🔲		Due Date	l	Calefidal real		Calendar real	
		□ сом		Interest Rate					
		П отн				\$			
	Lender Guarantor			:					
			Sl	BTOTAL \$	51000.00		\$	Enter (b) on 1 Summary Page 1 Eine 17 only	
Loans Re	ceived - Part 1 Summary								
	f \$100 or more received this period. (Include all Lo	ans Receive	ed - Part 1 (a) subtotals.) s	5	1000 00			
	·								
2. Amount	received this period unitemized loans of less that	an \$100	••••••	\$		0.00			
3. Total loa	ans received this period. (Add Lines 1 and 2.)			TOTAL \$	5	1000.00			
Loans Red	ceived - Part 2 Summary								
4 Loans of	f \$100 or more repaid, forgiven, or paid by a third p	arty this peri	iod. (Include all Part 2 ((c)					
subtotals	s. If forgiven or paid by a third party, also itemize th	e transaction	n on Schedule A.)	 \$	_	0.00	**		
							*Contribute		
5. Loans u	5. Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or IND Individual								
	paid by a third party, include this amount on Schedule A Summary, Line 2\$\$ COM Recipient Committee								
Total loa	ans repaid, forgiven, or paid by a third party this pe	rio¢Add Line	s 4 + 5.)	. TOTAL \$		0.00)	OTH Othe	er	
7. Net char	nge this period. (Subtract Line 6 from Line 3.)								
Enter the	e net here and on the Summary Page, Column A,	Line 2		NET \$	5	1000.00			
	,,,,,,,				y be a negative	number.			

Schedule	٠. ١		Type or print ink.				SEDULE
Non-Monetary Contributions Received			Amounts may be rounded to whole dollars.	State from	ement covers period 02/20/2000	CALIFORNIA 46	
SEE INSTRUC	CTIONS ON REVERSE		:		throug	jh <u>06/30/2000</u>	Page _ 51 _ of _ 77
NAME OF FILE	ER						I.D. NUMBER
Nakanishi f	or Senate						991831
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
06/10/2000	Great Valley Fumigation, Inc. 2771 E. French Camp Road Manteca, CA 95336	☐ IND ☐ COM ☑ OTH		Fundraising expenses	\$173.29	\$173.29	
		☐ IND ☐ COM ☐ OTH					
		☐ IND ☐ COM ☐ OTH					
		☐ IND ☐ COM ☐ OTH					
		IND COM					
				SUBTOTAL \$	173.29		
Schedule	C Summary						
1. Amount	received this period - nonmonetary co all Schedule C subtotals.)			\$	173.29	į.	outor Codes idividual

2. Amount received this period - unitemized nonmonetary contributions of less than \$...... \$

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..TOTAL \$_____

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

OTH -- Other

COM -- Recipient Committee

3. Total nonmonetary contributions received this period.

Schedule L **Payments Made**

MTG meetings and appearances

Type or print in ink. Amounts may be rounded

خ .،EDULE E CALIFORNIA 4 CO Statement covers period

information technology costs (internet, e-mail)

aymonto maao	to whole dollars.	from	02/20/2000	FORM	400
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NAME OF FILER				I.D. NUMBER	
Nakanishi for Senate				991831	
					·

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment CMPcampaign paraphernalia/misc. OFC office expenses RFD returned contributions petition circulating SAL campaign workers salaries CNS campaign consultants phone banks TEL t.v. or cable airtime and production costs contribution (explain nonmonetary)* candidate travel, lodging and meals (explain) polling and survey research CVC civic donations postage, delivery and messenger services staff/spouse travel, lodging and meals (explain) fundraising events TRS FND professional services (legal, accounting) transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* IND LIT campaign literature and mailings PRT print ads VOT voter registration

radio airtime and production costs

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560	TEL			\$670.62
Sacramento, CA 95814				
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560	CNS			\$4,000.00
Sacramento, CA 95814				
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560	POS			\$7,919.33
Sacramento, CA 95814				

Schedule E Summary	
1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	281591.55
2. Unitemized payments made this period of under \$100\$_	37.14
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	281628.69

For Technical Assistance: 916/322-5660

.ype or print in ink. Amounts may be rounded SCHEDUL_ E (CONT.)

CALIFORNIA 460 Statement covers period to whole dollars. 02/20/2000 from through 06/30/2000 Page 53 of 77 SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF EILER 991831 Nakanishi for Senate

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

RFD returned contributions CMPcampaign paraphernalia/misc. OFC office expenses campaign workers salaries petition circulating CNS campaign consultants TEL t.v. or cable airtime and production costs PHO phone banks CTB contribution (explain nonmonetary)* CVC civic donations polling and survey research candidate travel, lodging and meals (explain) staff/spouse travel, lodging and meals (explain) postage, delivery and messenger services FND fundraising events transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings PRT print ads RAD radio airtime and production costs information technology costs (internet, e-mail) MTG meetings and appearances

CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LIT			\$706.00
LIT			\$12,276.36
LIT			\$8,430.29
}			}
LIT			\$494.57
LIT			\$1,070.57
	<u></u>		
	LIT	LIT LIT LIT	LIT LIT LIT

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

SUBTOTAL \$ 22977.79

For Technical Assistance: 916/322-5660

. ype or print in ink. Amounts may be rounded to whole dollars.

SCHEDUL_ & (CONT.)

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I.D. NUMBER

991831

CALIFORNIA 460 Statement covers period 02/20/2000 from

through 06/30/2000

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

RFD returned contributions

CMPcampaign paraphernalia/misc. office expenses OFC CNS campaign consultants PET petition circulating campaign workers salaries

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

t.v. or cable airtime and production costs contribution (explain nonmonetary)* phone banks CVC civic donations POL polling and survey research candidate travel, lodging and meals (explain) postage, delivery and messenger services staff/spouse travel, lodging and meals (explain) FND fundraising events

professional services (legal, accounting) TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* IND

voter registration campaign literature and mailings PRT print ads LIT

information technology costs (internet, e-mail) meetings and appearances radio airtime and production costs

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560	TEL			\$3,247.80
Sacramento, CA 95814				
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560	СМР			\$1,968.16
Sacramento, CA 95814				
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560	LIT			\$15,187.84
Sacramento, CA 95814				
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560	TEL			\$8,958.40
Sacramento, CA 95814				
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560	POS			\$5,600.64
Sacramento, CA 95814				

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

SUBTOTAL \$

For Technical Assistance: 916/322-5660

. ype or print in ink.

Amounts may be rounded to whole dollars.

| SCHEDU__ E (CONT.)
| Statement covers period | FORM | 460 |
| through | 06/30/2000 | Page | 55 | of | 77 |
| I.D. NUMBER

991831

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMPcampaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560	POS		\$6,415.73
Sacramento, CA 95814			
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560			\$4,000.00
Sacramento, CA 95814			
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560		POSTAGE, PRINT, PHONE BANKS	\$159,750.14
Sacramento, CA 95814			
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560		PHONE BANK	\$2,058.00
Sacramento, CA 95814	Ì		
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560	CNS		\$5,000.00
Sacramento, CA 95814	İ		

. ype or print in ink.

Amounts may be rounded
to whole dollars.

SCHEDUL_ E (CONT.)

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Stateme	nt covers period	CALIFORNIA 460
from	02/20/2000	FORM 46U
through	06/30/2000	Page_56 of_77_
		I.D. NUMBER
		991831

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMPcampaign paraphernalia/misc. OFC	office expenses	RFD	returned contributions
CNS campaign consultants PET	petition circulating	SAL	campaign workers salaries
CTB contribution (explain nonmonetary)* PHC) phone banks	TEL	t.v. or cable airtime and production costs
CVC civic donations POL	. polling and survey research	TRC	candidate travel, lodging and meals (explain)
FND fundraising events POS	S postage, delivery and messenger services	TRS	staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)* PRC	professional services (legal, accounting)	TSF	transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings PRT	print ads	VOT	voter registration
MTG meetings and appearances RAD	radio airtime and production costs .	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE	OR D	DESCRIPTION OF PAYMENT	AMOUNT PAID
Steve Reid 1007 S. Country Club Blvd.	PRO	mileage, po	stage & miscellaneous expenses	\$500.00
Stockton, CA 95207				
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560	WEB			\$450.00
Sacramento, CA 95814				
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560	OFC			\$88.41
Sacramento, CA 95814				
Steve Reid 1007 S. Country Club Blvd.		CAMPAIGN MA	NAGER FEE	\$1,500.00
Stockton, CA 95207				
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560	CNS			\$5,000.00
Sacramento, CA 95814				

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

SUBTOTAL \$

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

. ype or print in ink. Amounts may be rounded to whole dollars.

SCHEDU __ E (CONT.) CALIFORNIA Statement covers period

FORM from 02/20/2000

Page 57

through 06/30/2000

I.D. NUMBER 991831

Nakanishi for Senate

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

returned contributions CMPcampaign paraphernalia/misc. OFC office expenses campaign workers salaries petition circulating CNS campaign consultants phone banks t.v. or cable airtime and production costs CTB contribution (explain nonmonetary)* POL polling and survey research candidate travel, lodging and meals (explain) CVC civic donations postage, delivery and messenger services staff/spouse travel, lodging and meals (explain) fundraising events independent expenditure supporting/opposing others (explain)* professional services (legal, accounting) transfer between committees of the same candidate/sponsor PRT print ads VOT voter registration LIT campaign literature and mailings information technology costs (internet, e-mail) radio airtime and production costs MTG meetings and appearances

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560	OFC			\$200.80
Sacramento, CA 95814				
Steve Reid 1007 S. Country Club Blvd.	CNS			\$1,500.00
Stockton, CA 95207				
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560	CNS			\$5,000.00
Sacramento, CA 95814				
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560		POSTA	AGE, PRINTING, AND MAILING	\$8,639.89
Sacramento, CA 95814				
Escalon Community Center 1854 Main Street		RENT	ING FACILITY FOR EVENT	\$645.00
Excalon, CA				}

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

SUBTOTAL \$

For Technical Assistance: 916/322-5660

. ype or print in ink. Amounts may be rounded to whole dollars.

SCHEDUL_ & (CONT.)

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I.D. NUMBER

991831

CALIFORNIA 460 Statement covers period **FORM** 02/20/2000 from

through 06/30/2000

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

RFD returned contributions

CMPcampaign paraphernalia/misc. OFC office expenses campaign workers salaries PET petition circulating SAL CNS campaign consultants

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

TEL t.v. or cable airtime and production costs PHO phone banks CTB contribution (explain nonmonetary)* candidate travel, lodging and meals (explain) polling and survey research CVC civic donations

staff/spouse travel, lodging and meals (explain) postage, delivery and messenger services fundraising events transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* professional services (legal, accounting)

VOT voter registration PRT print ads campaign literature and mailings

information technology costs (internet, e-mail) RAD radio airtime and production costs meetings and appearances

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560	LIT	REPLY CARDS	\$75.08
Sacramento, CA 95814			
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560	CNS		\$5,000.00
Sacramento, CA 95814			ļ
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560	OFC		\$1,389.14
Sacramento, CA 95814			
Great Valley Fumigation, Inc. 2771 E. French Camp Road	FND		\$1,225.00
Manteca, CA 95336			
N & N Designs 12067 W. Lammers Road	OFC	LETTERHEAD, ETC.	\$1,095.78
Tracy, CA 95376			

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

SUBTOTAL \$

For Technical Assistance: 916/322-5660

. ype or print in ink. Amounts may be rounded to whole dollars.

SCHEDUL_ E (CONT.)

991831

CALIFORNIA 460 Statement covers period 02/20/2000 from through 06/30/2000 Page 59 of 77 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

CMPcampaign paraphernalia/misc. OFC office expenses RFD returned contributions campaign workers salaries CNS campaign consultants PET petition circulating SAL CTB contribution (explain nonmonetary)* PHO phone banks t.v. or cable airtime and production costs CVC civic donations POL polling and survey research candidate travel, lodging and meals (explain) FND fundraising events POS postage, delivery and messenger services TRS staff/spouse travel, lodging and meals (explain) independent expenditure supporting/opposing others (explain)* PRO professional services (legal, accounting) TSF transfer between committees of the same candidate/sponsor LIT campaign literature and mailings PRT print ads VOT voter registration meetings and appearances RAD radio airtime and production costs **WEB** information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Waterloo, CA Catering 10447 E. Waterloo Road	FND		· · · · · · · · · · · · · · · · · · ·	\$1,527.96
Waterloo, CA 95215				
			graphy	
				į

FPPC Form 460 (8/99)

1527.96

For Technical Assistance: 916/322-5660

SUBTOTAL \$

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

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991831

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMPcampaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)

IND independent expenditure supporting/opposing others (explain)* PRO professional services (legal, accounting) TSF transfer between committees of the same candidate/sponsor VOT voter registration

MTG meetings and appearances RAD radio airtime and production costs WEB information technology costs (internet, e-mail)

Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE OR DESCRIPTION OF PAYMENT			(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOS OF THIS PERIOD	
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	CNS	4000.00	0.00	4000.00	0.00	
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	POS	7919.33	0.00	7919.33	0.00	
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	TEL	670.62	0.00	670.62	0.00	
	SUBTOTAL	\$ 12589.95\$	0.00	12589.95	\$ 0.00	

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for)	
accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)INCURRED TOTALS	\$ 20792.80

Schedule r (Continuation) Accrued Expenses (Unpaid Bills)

Ty_F or print in ink.
Amounts may be rounded to whole dollars.

SCHEDUL_ & (CONT.)

Statement covers period from 02/20/2000 CALIFORNIA FORM

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991831

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMPcampaign paraphernalia/misc.		OFC	office expenses	RFD	returned contributions	
CNS	campaign consultants	PET	petition circulating	SAL	campaign workers salaries	
0.70	and the time for the angles of the same and	DUO	-basa basts	TCI	4	

CTB contribution (explain nonmonetary)* PHO phone banks TEL t.v. or cable airtime and production costs

CVC civic donations POL polling and survey research TRC candidate travel, lodging and meals (explain)

FND fundraising events

POS postage, delivery and messenger services

TRS staff/spouse travel, lodging and meals (explain)

IND independent expenditure supporting/opposing others (explain)* PRO professional services (legal, accounting) TSF transfer between committees of the same candidate/sponsor

LIT campaign literature and mailings PRT print ads VOT voter registration

MTG meetings and appearances RAD radio airtime and production costs WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT	12276.36	1	12276.36	0.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT	8430.29	0.00	8430.29	0.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT	706.00	0.00	706.00	0.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT	494.57	0.00	494.57	0.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	СМР	1968.16	0.00	1968.16	0.00
	SUBTOTAL S	23875.38	0.00\$	23875.38	0.00

Schedule r (Continuation) Accrued Expenses (Unpaid Bills)

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDUL_ r (CONT.)

CALIFORNIA 460 Statement covers period 02/20/2000 from through 06/30/2000 Page _ 62 _ of_77 I.D. NUMBER 991831

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

PRT

CMPcampaign paraphernalia/misc. OFC office expenses PET petition circulating CNS campaign consultants

contribution (explain nonmonetary)* PHO phone banks CTB civic donations

fundraising events FND

independent expenditure supporting/opposing others (explain)*

LIT campaign literature and mailings

MTG meetings and appearances

polling and survey research POL

postage, delivery and messenger services professional services (legal, accounting)

RAD radio airtime and production costs RFD returned contributions

campaign workers salaries

t.v. or cable airtime and production costs

candidate travel, lodging and meals (explain) staff/spouse travel, lodging and meals (explain)

TSF transfer between committees of the same candidate/sponsor

voter registration

information technology costs (internet, e-mail) WEB

• Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	TEL	3247.80	0.00	3247.80	0.00	
The Donegal Group 3508 24th Street Sacramento, CA 95818	Professional Services & printing	0.00	1195.80	0.00	1195.80	
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT	0.00	106.51	0.00	106.51	
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	Mileage	0.00	76.48	0.00	76.48	
Peirano Estate Tasting Room 21831 N. Hwy.99 Acampo, CA 95220	FND	0.00	800.00	0.00	800.00	
	SUBTOTAL S	3247.80	2178.79	3247.80	\$ 2178.79	

Schedule r (Continuation) Accrued Expenses (Unpaid Bills)

Type or print in ink.

Amounts may be rounded

to whole dollars.

SCHEDUL . (CONT.)

Stateme	nt covers period	CALIFORNIA 460
from	02/20/2000	FORM 400
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,,,,,		I.D. NUMBER
		991831

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMPcampaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Steve Reid 1007 S. Country Club Blvd. Stockton, CA 95207	Professional Services & mileage	0.00	3285.12	0.00	3285.12
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376	FND	0.00	1540.39	0.00	1540.39
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376	LIT	0.00	2866.00	0.00	2866.00
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376	FND	0.00	500.00	0.00	500.00
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376	PRO	0.00	6000.00	0.00	6000.00
	SUBTOTAL S	0.00	14191.51	0.00	14191.51

Schedule ► (Continuation) Accrued Expenses (Unpaid Bills)

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Amounts may be rounded to whole dollars.

SCHEDUL ... (CONT.)

991831

Statem	ent covers period	CALIFORNIA AGO				
from	02/20/2000	FORM	400			
through	06/30/2000	. Page 64	_ of			
		I.D. NUMBEI	₹			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphemalia/misc.

CNS campaign consultants

PET petition circulating

PHO phone banks

CNS contribution (explain nonmonetary)*

CNS contribution (explain nonmonetary)*

PHO phone banks

PHO polling and survey research

PHO polling and survey research

PHO polling and survey research

PHO polling and survey research

PHO polling and survey research

PHO polling and survey research

PHO polling and survey research

PHO polling and survey research

PHO polling and survey research

PHO polling and survey research

FND fundraising events POS postage, delivery and messenger services TRS staff/spouse travel, lodging and meals (explain)

IND independent expenditure supporting/opposing others (explain)* PRO professional services (legal, accounting) TSF transfer between committees of the same candidate/sponsor USF transfer between committees of the same candidate/sponsor VOT voter registration

MTG meetings and appearances RAD radio airtime and production costs WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Team California 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	LIT	0.00	4422.50	0.00	4422.50
	SUBTOTAL S	0.00	4422.50	0.00	4422.50

Schedule C Payments Made by an Agent or Independent Contractor (on behalf of a Committee)	بر e or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from 02/20/2000	SEDULE G CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE	:	through 06/30/2000	Page 65 of 77
NAME OF FILER			I.D. NUMBER
Nakanishi for Senate			991831
NAME OF AGENT OR INDEPENDENT CONTRACTOR Victoria Caldeira			
om oumpaign parophornamentines.	ice expenses RFD n	ribe the payment eturned contributions ampaign workers salaries	

TEL. t.v. or cable airtime and production costs

TRC candidate travel, lodging and meals (explain)

TRS staff/spouse travel, lodging and meals (explain)

IND independent expenditure supporting/opposing others (explain)*

LIT campaign literature and mailings

MTG meetings and appearances

PRO professional services (legal, accounting)

PRO professional services (legal, accounting)

PRO professional services (legal, accounting)

PRO professional services (legal, accounting)

TSF transfer between committees of the same candidate/sponsor voter registration

WEB information technology costs (internet, e-mail)

polling and survey research

POS postage, delivery and messenger services

phone banks

PHO

POL.

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

CTB contribution (explain nonmonetary)*

CVC civic donations

FND fundraising events

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ENTER I.D NUMBER	CODE	OR	DESCRIPTION OF PAYMENT	,	AMOUNT PAID
Albert Paper Company P.O. Box 8630 Stockton, CA 95208	FND				\$148.91
Mike Bacchetti 1321 Coolidge Avenue Tracy, CA 95376	FND				\$500.00
Costco 2800 Independence Drive Livermore, CA	FND				\$310.37
Pre-Peeled Potato Co. P.O. Box 111 Stockton, CA 95201	FND				\$218.00
Smart & Final 6502 Pacific Avenue Stockton, CA 95207	FND				\$432.53
Attach additional information on appropriately labeled continuation sheet	s.	*	TOTAL*	\$	1609.81

Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor. as reported on Schedule E

Schedule (Continuation Sheet)			rint in ink.			CONT.)	
Payments Made by an Agent or Independent		Amounts ma	•	ed	Statem	CALIFORNIA 4CO	
Contractor (on behalf of a Committee)		to whole	e dollars.		from	02/20/2000	FORM 460
		;			through	06/30/2000	Page 66 of 77
NAME OF FILER							I.D. NUMBER
Nakanishi for Senate							991831
NAME OF AGENT OR INDEPENDENT CONTRACTOR Great Valley Fumigation, Inc.							
CODES: If one of the following codes accurately describes campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FND fundraising events IND independent expenditure supporting/opposing others (explain)* LIT campaign literature and mailings MTG meetings and appearances *Payments that are contributions or independent expenditures must also be supported.	OFC PET PHO POL POS PRO PRT RAD	office expenses petition circulating phone banks polling and survey research postage, delivery and messenger s professional services (legal, accou print ads radio airtime and production costs	services	RFD return SAL campa TEL t.v. or TRC candi TRS staff/s TSF transfe VOT voter	ned contributions aign workers sala cable airtime and date travel, lodgir pouse travel, lod er between commegistration	ries I production costs ng and meals (explair ging and meals (expl nittees of the same co y costs (internet, e-m	ain) andidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITO (IF COMMITTEE, ENTER I.D NUMBER	OR		CODE	OR	DESCRIPTION	OF PAYMENT	AMOUNT PAID
Fagundes Meats & Catering, Inc. P.O. Box 789 Manteca, CA 95336			FND				\$1,225.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL*

1225.00

\$

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor. as reported on Schedule E

Schedule 6 (Continuation Sheet) Payments Made by an Agent or Independent Contractor (on behalf of a Committee)	ر , بو or print in ink. Amounts may be rounded ' to whole dollars.			Statement covers period from02/20/2000	CALIFO FOR	PRNIA 460
	;			through <u>06/30/2000</u>	Page	67 of 77
NAME OF FILER			· · · · · · · · · · · · · · · · · · ·	4.5.4.4.	I.D. NUM	BER
Nakanishi for Senate					9:	91831
NAME OF AGENT OR INDEPENDENT CONTRACTOR Steve Reid					•	
CODES: If one of the following codes accurately describes CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FND fundraising events IND independent expenditure supporting/opposing others (explain)* LIT campaign literature and mailings MTG meetings and appearances Payments that are contributions or independent expenditures must also be su	OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger PRO professional services (legal, acco PRT print ads RAD radio airtime and production costs	services unting)	RFD returned SAL campaigr TEL t.v. or cat TRC candidat TRS staff/spor TSF transfer b VOT voter reg	contributions n workers salaries ple airtime and production costs travel, lodging and meals (explainuse travel, lodging and meals (explainuse travel, lodging and meals (explainuse travel).	lain) andidate/sp	oonsor
NAME AND ADDRESS OF PAYEE OR CREDITO (IF COMMITTEE, ENTER I.D NUMBER	DR	CODE	OR	DESCRIPTION OF PAYMENT	,	AMOUNT PAID
US Postmaster Calaveras Station 1048 W. Robinhood Dr. Stockton, CA 95207			Bulk Mail Fee			\$100.00

Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor. as reported on Schedule E

Attach additional information on appropriately labeled continuation sheets.

\$

100.00

SUBTOTAL*

Schedule 6 (Continuation Sheet)
Payments Made by an Agent or Independent
Contractor (on behalf of a Committee)

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SCHEDUL (CONT)

Schedule G (Continuation Sheet)	• "Se or bring in titk"			SCHEDULL 3 (CONT.)			
Payments Made by an Agent or Independent	Amounts may be rounded to whole dollars.			Statement covers peri	CALIFORNIA FORM 460		
Contractor (on behalf of a Committee)				from <u>02/20/2000</u>	FORM TOO		
				through <u>06/30/2000</u>	Page 68 of 77		
NAME OF FILER					I.D. NUMBER		
Nakanishi for Senate					991831		
NAME OF AGENT OR INDEPENDENT CONTRACTOR The Donegal Group							
CODES: If one of the following codes accurately describes CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FND fundraising events IND independent expenditure supporting/opposing others (explain)* LIT campaign literature and mailings MTG meetings and appearances	office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messen PRO professional services (legal, ar PRT print ads RAD radio airtime and production co	ger services ccounting)	RFD return SAL campa TEL t.v. or o TRC candid TRS staff/s TSF transfe VOT voter r	the payment ed contributions ign workers salaries cable airtime and production cost late travel, lodging and meals (ex pouse travel, lodging and meals (ex protection to between committees of the san registration nation technology costs (internet,	oplain) (explain) ne candidate/sponsor		
NAME AND ADDRESS OF PAYEE OR CREDIT (IF COMMITTEE, ENTER I.D NUMBER	OR	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID		
Pachyderm Press 1915 1/2 22nd Street Sacramento, CA 95816		LIT			\$445.80		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL*

Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor. as reported on Schedule E

Schedule 6 (Continuation Sheet) Payments Made by an Agent or Independent Contractor (on behalf of a Committee)

. و or print in ink. Amounts may be rounded to whole dollars.

SCHEDUL_ J (CONT.)

Statement covers period CALIFORNIA **FORM** 02/20/2000 through 06/30/2000 Page 69 of 77 I.D. NUMBER 991831

NAME OF FILER

Nakanishi for Senate

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Wayne C. Johnson & Assoc., Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment OFC office expenses CMP campaign paraphernalia/misc. RFD returned contributions petition circulating PET SAL campaign workers salaries CNS campaign consultants phone banks CTB contribution (explain nonmonetary)* PHO TEL t.v. or cable airtime and production costs POL polling and survey research candidate travel, lodging and meals (explain) CVC civic donations POS postage, delivery and messenger services staff/spouse travel, lodging and meals (explain) FND fundraising events

PRO professional services (legal, accounting) IND independent expenditure supporting/opposing others (explain)* PRT

LIT campaign literature and mailings RAD MTG meetings and appearances

VOT radio airtime and production costs

TSF voter registration

transfer between committees of the same candidate/sponsor

information technology costs (internet, e-mail) WEB

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ENTER I.D NUMBER	CODE	OR	DESCRIPTION OF PAYMENT	AI	MOUNT PAID
G. Strahan & Associates 7752 Robert's River Way Sacramento, CA 95831	LIT				\$490.00
US Postmaster State Capitol Branch Sacramento, CA 95814	LIT				\$406.57
AP/Wide World 50 Rockefeller Plaza New York, NY 10020		Photography			\$350.00
Cable Time 350 Sansome, Ste. 200 San Francisco, CA 94104	TEL				\$7,614.64
Corbis 2223 S. Carmelina Ave. Los Angeles, CA 90064		Photography			\$2,240.00
Attach additional information on appropriately labeled continuation she	ets.		SUBTOTAL	* \$	11101.21

Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor. as reported on Schedule E

Schedule (Continuation Sheet) Payments Made by an Agent or Independent Contractor (on behalf of a Committee)

e or print in ink. Amounts may be rounded to whole dollars.

SCHEDUL_ J (CONT.) CALIFORNIA 460 Statement covers period

02/20/2000

FORM

through 06/30/2000

Page 70

I.D. NUMBER 991831

NAME OF EILER

Nakanishi for Senate

State Capitol Branch Sacramento, CA 95814

NAME OF AGENT OR INDEPENDENT CONTRACTOR

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

Wayne C. Johnson & Assoc., Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

OFC office expenses RFD returned contributions CMP campaign paraphernalia/misc. petition circulating PET campaign workers salaries

campaign consultants phone banks PHO t.v. or cable airtime and production costs CTB contribution (explain nonmonetary)*

polling and survey research POL CVC civic donations candidate travel, lodging and meals (explain) postage, delivery and messenger services staff/spouse travel, lodging and meals (explain) FND fundraising events

PRO professional services (legal, accounting) TSF transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)*

PRT print ads LIT campaign literature and mailings voter registration

RAD radio airtime and production costs WEB information technology costs (internet, e-mail) MTG meetings and appearances

NAME AND ADDRESS OF PAYEE OR CREDITOR OR CODE DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ENTER I.D NUMBER \$7,720.00 G. Strahan & Associates LIT 7752 Robert's River Way Sacramento, CA 95831

Postage for Brochure \$6,415.73 POS US Postmaster State Capitol Branch Sacramento, CA 95814 POS Postage \$5,600.64 US Postmaster

LIT \$600.85 Voter Link, Inc.

245 Fischer Avenue, C-3 Costa Mesa, CA 92626

\$150.00 PHO Maya Clark

5613 Laguna Oaks Dr. Elk Grove, CA 95758

Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor. as reported on Schedule E

Attach additional information on appropriately labeled continuation sheets.

20487.22

SUBTOTAL*

Schedule (Continuation Sheet) Payments Made by an Agent or Independent Contractor (on behalf of a Committee)

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Amounts may be rounded to whole dollars.

NAME OF FILER
Nakanishi for Senate
991831

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Wayne C. Johnson & Assoc., Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment CMP campaign paraphemalia/misc. OFC office expenses RFD returned contributions PET petition circulating CNS campaign consultants SAL campaign workers salaries PHO phone banks CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs POL polling and survey research candidate travel, lodging and meals (explain) CVC civic donations POS postage, delivery and messenger services staff/spouse travel, lodging and meals (explain) FND fundraising events TRS professional services (legal, accounting) PRO IND independent expenditure supporting/opposing others (explain)* TSF transfer between committees of the same candidate/sponsor PRT print ads voter registration LIT campaign literature and mailings VOT RAD radio airtime and production costs MTG meetings and appearances WEB information technology costs (internet, e-mail)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ENTER I.D NUMBER	CODE	OR	DESCRIPTION OF PAYMENT	Al	MOUNT PAID
Maya Clark 5613 Laguna Oaks Dr. Elk Grove, CA 95758	РНО				\$150.00
Feather, Hodges & Larson 7320 N. Dreamy Draw Dr. Phoenix. AZ 85020	РНО				\$9,000.00
G. Strahan & Associates 7752 Robert's River Way Sacramento, CA 95831	LIT				\$196.00
G. Strahan & Associates 7752 Robert's River Way Sacramento, CA 95831	LIT				\$6,530.00
G. Strahan & Associates 7752 Robert's River Way Sacramento, CA 95831	LIT				\$7,510.00
Attach additional information on appropriately labeled col	ntinuation sheets.	I	SUBTOTAL	\$	23386.00

Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor. as reported on Schedule E

Schedule 6 (Continuation Sheet) Payments Made by an Agent or Independent Contractor (on behalf of a Committee)

e or print in ink. Amounts may be rounded to whole dollars.

SCHEDUL _ (CONT.)

Statement covers period CALIFORNIA **FORM** from 02/20/2000 through 06/30/2000 72 .D. NUMBER 991831

NAME OF FILER

Nakanishi for Senate

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Wayne C. Johnson & Assoc., Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment OFC office expenses CMP campaign paraphernalia/misc. RFD returned contributions PET petition circulating campaign consultants campaign workers salaries PHO phone banks CTB contribution (explain nonmonetary)* t.v. or cable airtime and production costs POL polling and survey research CVC civic donations candidate travel, lodging and meals (explain) FND fundraising events POS postage, delivery and messenger services staff/spouse travel, lodging and meals (explain) PRO professional services (legal, accounting) IND independent expenditure supporting/opposing others (explain)* transfer between committees of the same candidate/sponsor PRT print ads LIT campaign literature and mailings VOT voter registration MTG meetings and appearances RAD radio airtime and production costs WEB information technology costs (internet, e-mail)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ENTER I.D NUMBER	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
G. Strahan & Associates 7752 Robert's River Way Sacramento, CA 95831	LIT			\$8,369.00
G. Strahan & Associates 7752 Robert's River Way Sacramento, CA 95831	LIT			\$8,645.00
JC Evans Communications 2358 Pez Vela Place Gold River, CA 95670	LIT			\$2,150.00
Meridian Group 5111 N. 10th Street McAllen, TX 78504	РНО			\$9,850.00
PhotoDisk 2013 4th Avenue Seattle, WA 98121	LIT			\$350.00
Attach additional information on appropriately labeled continuation	on sheets.	<u> </u>	SUBTOTAL	.* \$ 29364.00

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor. as reported on Schedule E

Schedule 6 (Continuation Sheet) Payments Made by an Agent or Independent Contractor (on behalf of a Committee)

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Amounts may be rounded
to whole dollars.

SCHEDULL J (CONT.)

Staten	nent covers period	CALIFORNIA 46		A460
from _	02/20/2000		KW	-100
through	06/30/2000	_ Page _	73	of_77
		I.D. NU	MBE	₹
			9918:	31

NAME OF FILER

Nakanishi for Senate

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Wayne C. Johnson & Assoc., Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment OFC office expenses RFD returned contributions CMP campaign paraphernalia/misc. PET petition circulating CNS campaign consultants SAL campaign workers salaries PHO phone banks TEL t.v. or cable airtime and production costs CTB contribution (explain nonmonetary)* POL polling and survey research TRC candidate travel, lodging and meals (explain) CVC civic donations POS postage, delivery and messenger services FND fundraising events staff/spouse travel, lodging and meals (explain) PRO professional services (legal, accounting) transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* TSF PRT print ads LIT campaign literature and mailings voter registration RAD radio airtime and production costs WEB information technology costs (internet, e-mail) MTG meetings and appearances

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ENTER I.D NUMBER	CODE	OR	DESCRIPTION OF PAYMENT	A	MOUNT PAID
Research & Comunications Unlimited 8591 Longsupr Way Antelope, CA 95843	PRO	Research			\$1,500.00
Tony Siciliani 212 Selby Ranch Road #7 Sacramento, CA 95864	LIT				\$7,285.00
Tony Siciliani 212 Selby Ranch Road #7 Sacramento, CA 95864	LIT				\$7,478.00
US Postmaster State Capitol Branch Sacramento, CA 95814		Postage			\$9,000.00
US Postmaster State Capitol Branch Sacramento, CA 95814		Postage			\$9,259.72
Attach additional information on appropriately labeled continuation shee	ts.	<u> </u>	SUBTOTAL*	\$	34522.72

^{*}Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor. as reported on Schedule E

Schedule (Continuation Sheet) C

e or print in ink.

SCHEDUL_ 3 (CONT.)

Payments Made by an Agent or Independent Contractor (on behalf of a Committee)	· to whole uphals.		Agent or independent to whole dollars.			
	;	through06/30/2000	Page 74 of 77			
NAME OF FILER			I.D. NUMBER			
Nakanishi for Senate			991831			
NAME OF AGENT OR INDEPENDENT CONTRACTOR Wayne C. Johnson & Assoc., Inc.						

CODES: If one of the following codes accurately describes	s the payment, you may enter the code. Other	erwise, describe the payment
CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL. t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ENTER I.D NUMBER	CODE	OR	DESCRIPTION OF PAYMENT	AI	MOUNT PAID
US Postmaster State Capitol Branch Sacramento, CA 95814		Postage			\$9,259.72
US Postmaster State Capitol Branch Sacramento, CA 95814		Postage			\$9,232.63
US Postmaster State Capitol Branch Sacramento, CA 95814		Postage			\$9,232.63
US Postmaster State Capitol Branch Sacramento, CA 95814		Postage			\$589.64
US Postmaster State Capitol Branch Sacramento, CA 95814		Postage			\$8,573.28
Attach additional information on appropriately labeled continuation sheet	's.		SUBTOTAL	* \$	36887.90

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor. as reported on Schedule E

Schedule (Continuation Sheet)
Payments Made by an Agent or Independent
Contractor (on behalf of a Committee)

e or print in ink.

SCHEDUL_ J (CONT.)

Payments Made by an Agent or Independent Contractor (on behalf of a Committee)	Amounts may be rounded to whole dollars.	Statement covers period from 02/20/2000	FORM 460
	;	through <u>06/30/2000</u>	Page 75 of 77
NAME OF FILER			I.D. NUMBER
Nakanishi for Senate			991831
NAME OF AGENT OR INDEPENDENT CONTRACTOR Wayne C. Johnson & Assoc., Inc.			

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment OFC office expenses CMP campaign paraphernalia/misc. RFD returned contributions PET petition circulating SAL campaign workers salaries CNS campaign consultants PHO phone banks CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs POL polling and survey research TRC candidate travel, lodging and meals (explain) CVC civic donations POS postage, delivery and messenger services FND fundraising events TRS staff/spouse travel, lodging and meals (explain) PRO professional services (legal, accounting) IND independent expenditure supporting/opposing others (explain)* TSF transfer between committees of the same candidate/sponsor PRT print ads VOT voter registration LIT campaign literature and mailings RAD radio airtime and production costs WEB information technology costs (internet, e-mail) MTG meetings and appearances

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ENTER I.D NUMBER	CODE	OR	DESCRIPTION OF PAYMENT	Aħ	MOUNT PAID
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	РНО				\$360.00
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	РНО				\$490.93
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	LIT				\$650.00
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	LIT				\$705.90
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	LIT				\$705.90
Attach additional information on appropriately labeled continuation	sheets.		SUBTOTAL	<u>*</u> \$	2912.73

Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor. as reported on Schedule E

Schedule ∪ (Continuation Sheet)
Payments Made by an Agent or Independent
Contractor (on behalf of a Committee)

e or print in ink.

SCHEDUL J (CONT.)

Payments Made by an Agent or Independent Contractor (on behalf of a Committee)	Amounts may be rounded to whole dollars.	Statement covers period from 02/20/2000	CALIFORNIA 460
	:	through06/30/2000	Page 76 of 77
NAME OF FILER			I.D. NUMBER
Nakanishi for Senate			991831
NAME OF AGENT OR INDEPENDENT CONTRACTOR			

NAME OF AC Wayne C. Joi

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment OFC office expenses CMP campaign paraphernalia/misc. RFD returned contributions PET petition circulating SAL campaign workers salaries CNS campaign consultants PHO phone banks CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs POL polling and survey research TRC candidate travel, lodging and meals (explain) CVC civic donations postage, delivery and messenger services TRS staff/spouse travel, lodging and meals (explain) FND fundraising events PRO professional services (legal, accounting) IND independent expenditure supporting/opposing others (explain)* TSF transfer between committees of the same candidate/sponsor PRT print ads VOT voter registration

LIT campaign literature and mailings RAD radio airtime and production costs WEB information technology costs (internet, e-mail) MTG meetings and appearances

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ENTER I.D NUMBER	CODE	OR	DESCRIPTION OF PAYMENT	Al	MOUNT PAID
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	LIT				\$597.38
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	LIT				\$599.05
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	LIT				\$598.54
Feather, Hodges & Larson 7320 N. Dreamy Draw Dr. Phoenix, AZ 85020	POL				\$1,500.00
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	POL				\$128.36
Attach additional information on appropriately labeled continuation she	ets.	-	SUBTOTAL*	\$	3423.33

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor. as reported on Schedule E

Schedule v. (Continuation Sheet)

MTG meetings and appearances

e or print in ink.

SCHEDUL_ J (CONT.)

Payments Made by an Agent or Independent Contractor (on behalf of a Committee)	Amounts may be rounded to whole dollars.	Statement covers period from 02/20/2000	CALIFORNIA 460
,	;	through <u>06/30/2000</u>	Page <u>77</u> of <u>77</u>
NAME OF FILER			I.D. NUMBER
Nakanishi for Senate			991831
NAME OF AGENT OR INDEPENDENT CONTRACTOR Wayne C. Johnson & Assoc., Inc.			
CODES: If one of the following codes accurately describes the payme	ent, you may enter the code. Otherwise, descr	ibe the payment	

OFC office expenses CMP campaign paraphernalia/misc. RFD returned contributions PET petition circulating SAL campaign workers salaries CNS campaign consultants PHO phone banks TEL t.v. or cable airtime and production costs CTB contribution (explain nonmonetary)* POL polling and survey research TRC candidate travel, lodging and meals (explain) CVC civic donations POS postage, delivery and messenger services TRS staff/spouse travel, lodging and meals (explain) FND fundraising events PRO professional services (legal, accounting) transfer between committees of the same candidate/sponsor TSF IND independent expenditure supporting/opposing others (explain)*

PRT print ads VOT LIT campaign literature and mailings

voter registration RAD radio airtime and production costs WEB information technology costs (internet, e-mail)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ENTER I.D NUMBER	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	POL			\$450.00
Concord Technologies P.O. Box 61000 San Francisco, CA 94161	OFC			\$109.24
US Postmaster State Capitol Branch Sacramento, CA 95814		Postage	·	\$8,639.85
G. Strahan & Associates 7752 Robert's River Way Sacramento, CA 95831	LIT			\$1,163.70
			_	
Attach additional information on appropriately labeled continuation sh	eets.		SUBTOTAL*	\$ 10362.79

Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor. as reported on Schedule E